Description of Data Elements

Nationwide Inpatient Sample (NIS)

Volume 1 - Data Elements
Beginning with letters A-M

This document contains cumulative descriptions of data elements across all states and years of HCUP data from 1988 to the current data year. Please refer to the Introduction to the Nationwide Inpatient Sample for specific information on which states are included in each year of the NIS.

Not all data elements in the NIS are uniformly coded across states. Please check the "State Specific Notes" section for each data element before analysis. The State specific notes are in order by State postal code, not alphabetically by State. For example, a note for New Jersey (NJ) will appear before a note for Nevada (NV).

In addition, not all data elements in the NIS are available from every state. Run frequencies by state to identify if a data element is unavailable in one or more states.

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Beginning with letters A-M

ADAYWK - Admission day of week

General Notes

Admission day of the week (ADAYWK) is calculated from the admission date (ADATE). If ADAYWK cannot be calculated (ADATE is missing or invalid), then:

- ADAYWK is set to the supplied admission day of the week, if available.
- ADAYWK is missing (.) if the supplied admission day of week is missing.
- If ADAYWK is out of range (ADAYWK NE 1-7) or nonnumeric, it is set to invalid (.A).
- In the 1988-1997 HCUP files, if the data source does not provide the admission date or admission day of week, then ADAYWK is set to unavailable from source (.B).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

Uniform Values

Variable	Description	Value	Value Description
ADAYWK	Admission day of week	1	Sunday
		2	Monday
		3	Tuesday
		4	Wednesday
		5	Thursday
		6	Friday
		7	Saturday
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Connecticut

The HCUP variable ADAYWK could not be assigned because Connecticut did not report an admission day of week or a complete admission date. Connecticut only provided admission month and year.

For admission date, Connecticut reported admission year and month, but did not provide the day of the month. During HCUP processing, a day of "01" was imputed for all records. The imputed date was not used to calculate other variables or to perform edit checks.

Florida

To ensure the confidentiality of patients, admission day of week, ADAYWK, was set to missing (.) on all Florida discharges starting in 1993.

Maryland

During 1990-1992 HCUP processing, only the calculated admission day of week could be used to assign ADAYWK because Maryland did not report admission day of week.

Beginning in 1993, Maryland reported admission day of week. During HCUP processing, the reported admission day of week was assigned if ADAYWK could not be calculated from admission date.

Missouri

Only the calculated admission day of week could be used to assign ADAYWK because Missouri did not report admission day of week.

New York

ADAYWK could not be calculated because New York did not report full admission dates. During HCUP processing, only the reported admission day of the week could be used to assign ADAYWK.

Pennsylvania

Prior to 1995, Pennsylvania did not report admission day of week. Only the calculated admission day of week could be used to assign ADAYWK.

Beginning in 1995, the data source reported admission day of week. During HCUP processing, ADAYWK was assigned using the reported admission day of week if the day could not be calculated from admission date.

Tennessee

Only the calculated admission day of week could be used to assign ADAYWK because Tennessee did not report admission day of week.

AGE - Age in years at admission

General Notes

Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGE is set to the supplied age if the age cannot be calculated (ADATE and/or DOB is missing or invalid). Note: If the supplied age is the age at discharge instead of the age at admission, then the supplied age is NOT used.
- AGE is missing (.) if the age cannot be calculated and the supplied age is missing.
- AGE is invalid (.A) if
    - it is out of range (AGE NE 0-124) or
    - the age cannot be calculated and the supplied age is nonnumeric.

  An invalid calculated AGE is not replaced by the supplied age.

- If the data source does not provide the necessary dates to calculate age or the reported age at admission, then beginning in the 1998 data, AGE is not present on the HCUP files. In the 1988-1997 data, AGE is retained on the HCUP files and is set to unavailable from source (.B).
- AGE is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
    - Beginning in the 1998 data, AGE is less than 0 (EAGE02), is greater than 124 (EAGE03), is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
    - In the 1988-1997 data, AGE is inconsistent with AGEDAY (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 instead of AGE.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AGE	Age in years at admission	0-124	Age in years
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE02, EAGE03, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

State Specific Notes

Arizona

The reported age was not used when AGE could not be calculated because Arizona supplied age at discharge.

Arkansas

Only the calculated age could be used to assign AGE because Arkansas did not supply age in years.

California

In all years, California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Prior to 1995, California reported ages at discharge. Only the calculated age was used to assign AGE.

Beginning in 1995, California reported ages at admission. When AGE could not be calculated from dates, the reported age was assigned.

Colorado

Beginning with 1998, the Colorado supplied age at admission was used to assign AGE when the age could not be calculated.

From 1994-1997, Colorado supplied age at admission. For consistency with earlier years of the SASD, however, only the calculated age was used to assign the HCUP variable AGE.

From 1988-1993, Colorado did not supply age at admission. Only the calculated age could be used to assign the HCUP variable age.

Connecticut

Patient age could not be calculated from dates since Connecticut did not report full dates of birth. During HCUP processing, only the reported age could be used to assign AGE.

Florida

Beginning in 2004, Florida provides DOB and ADATE for all discharges.

In 1997, patient age could not be calculated from dates since Florida did not report admission or birth dates. During HCUP processing, the reported age was used to assign AGE. From 1998 to 2001, Florida supplied admission date and date of birth for patients less than 11 years old. For patients over 10 years old, the reported age in years was used to assign AGE. Beginning in 2002, Florida reported age for all discharges, but did not provide admission date and date of birth.

Georgia

Patient age could not be calculated from dates because Georgia did not supply date of birth. During HCUP processing, only the reported age could be used to assign AGE.

Hawaii

Beginning in 1998, Hawaii provided the date of birth (DOB) with a four-digit year.

In prior years, only a two-digit year was available. To compensate for the two-digit birth year, the birth century was assigned as 1800 if the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

Illinois

Only the calculated age could be used to assign AGE because Illinois did not supply age in years.

Iowa

AGE may differ by one year from the actual age. When only the year of birth is available, Iowa assigns the day and month of birth to '01', which may cause the age calculated from birth date to be one year less than the actual age.

Michigan

Prior to 2001, age could not be calculated because Michigan did not report admission and birth dates. Beginning with the 2001 data, Michigan provided complete dates and AGE could be calculated.

Massachusetts

Prior to October 1998, ages greater than 100 years should be interpreted with caution. Age is calculated using the birth and admission date, but only a two-digit year for date of birth (DOB) was provided by the data source. An additional indicator variable provided by the data source, the "Century Birth date," indicates whether the age of the patient was greater or less than 100 years. HCUP experience has shown that this indicator was often not set when it should have been. Thus, if the century indicator specified 1800 or the birth date occurred after the admit date, the century for the date of birth was set to 1800. If the birth date is erroneously after the admit date, this rule causes the age in years (AGE) to be incorrectly greater than 100. If the age does not agree with neonatal or maternal diagnoses and/or procedures, the age is set to inconsistent (.C).

Beginning in October 1998, Massachusetts provides a four-digit birth year. The birth century indicator and the admission date are not used to modify the date of birth.

Nebraska

Only the calculated age in years could be used to assign AGE because Nebraska did not supply this information.

New Jersey

Prior to 1994, New Jersey reports age as a two-digit code with a maximum of 99 and provides a birth century indicator. Beginning in 1994, New Jersey provides a four-digit birth year. If age could not be calculated (ADATE or DOB missing or invalid) then age was assigned as follows:

Year of Data	HCUP processing of AGE
1988-1991	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age.
1992-1993	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-

	digit age and add 100 if the birth century flag indicates that the patient is age 100 or older.
Beginning 1994	Assign AGE as the reported age, if the reported AGE was in the range of 1-124 years. Otherwise, assign AGE as invalid (.A).

Nevada

For discharges less than 90 years old, if the age could not be calculated from dates, then the reported age was used to assign AGE. For discharges that are 90 or older, only the calculated age could be used to assign AGE because Nevada sets age in yeas to 90 for all discharges age 90 and above.

New York

In the 1988-1997 HCUP New York databases, AGE could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in years could be used to assign AGE.

Beginning with the 1998 data, New York provided complete dates and AGE could be calculated.

Oregon

Oregon reports age at discharge. During HCUP processing, reported age was not used when patient age (AGE) could not be calculated from dates.

Pennsylvania

Pennsylvania discharges which are considered as having "sensitive conditions" based on their DRG, diagnoses, and procedures, had AGE set as follows:

If AGE is coded (>= 0), set AGE to the midpoint of 5-year intervals. The age intervals begin with 0-4 and end with 85+. For example,

AGE	New Value
0 - 4	2
5 - 9	7
10 - 14	12
15 - 19	17
20 - 24	22
...5 year increment	...midpoint of 5 year interval

85+	85

The sensitive conditions and the screens for selecting them are listed below. The DRG and ICD-9-CM code screens are separated by "or" operators. The screen for sensitive conditions is updated as appropriate each year. Some out-of-date diagnoses and procedures, marked by "(D)", were dropped from the screen. Other diagnoses and procedures were added; these are marked by "(A)."

	DRG's **OR**	Diagnoses **OR**	Procedures
Abortion	380-381	634-634.92 (D)	69.01, 69.02
		635-635.99 (A)	69.09 (AD)
		636-636.99 (D)	69.51-69.59
		637-637.99 (D)	69.93 (D)
		638-638.99 (D)	74.91, 75.0
		639-639.99 (D)	96.49 (D)
		V61.7	
AIDS/HIV	488-490	042	
		043-044.9 (D)	
		795.71 (A)	
		795.8 (D)	
		V08 (A)	
		V65.44 (A)	
Psychiatric	424-432	290-302.9, 306-319	942.1--942.9, 943.1-943.9, 944.1-944.4, 945.1-945.2, 9459
		E95.0-E95.90	
		E98.0-E98.99	
		V11.0-V11.99 (A)	
		V790, V798, V799 (A)	
Substance Abuse	433-437, 521-523	303-305.93	944.5-944.6, 945.3-945.4, 946.1-946.9
		980.0 (A)	
		V65.42 (A)	
		V791	
Venereal Disease		090.0-099.9	
		V027	
		V028	

South Carolina

The calculation of AGE differs across years.

Beginning in 2000

South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP processing.

From 1996 to 1999

Only a two-digit year for date (DOB) was provided by the data source.

- If DOB > admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE = 01/02/88 and DOB = 01/03/88, then the birth year was set to 1888 and the calculated age was 99).
- If DOB <= ADATE, the birth century was assigned as 19 (e.g., if ADATE = 01/02/88 and DOB = 01/01/88, then the birth year was set to 1988 and the calculated age in years was 0).

Using only the admission date to determine births in the 1800s causes no patient ages to be greater than 99 years.

In 1993 and 1995

South Carolina reported a two-digit year for date of birth (DOB). During HCUP processing, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

In 1994

South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP processing.

Tennessee

Only the calculated age could be used to assign AGE because Tennessee did not supply age in years.

Texas

Age in years (AGE) was set to the midpoints of age ranges. There are 22 age groups for the general patient population and 5 age groups for the HIV or alcohol/drug use patients. The age groups are shown below:

Texas Restriction on AGE for General Patient Population other than HIV or Drug/Alcohol Use Patients	
Age Range	New value of AGE
0	0
1-4	2
5-9	7
10-14	12
15-17	16
18-19	19
20-24	22
25-29	27
30-34	32
35-39	37
40-44	42
45-49	47
50-54	52
55-59	57
60-64	62
65-69	67
70-74	72
75-79	77
80-84	82
85-89	87
90 and above	90

Texas Restriction on AGE for HIV or Drug/Alcohol Use Patients	
Age Range	New value of AGE
0	0
1-17	8
18-44	31
45-64	54

65-74	69
75 and above	75
The HIV or drug/alcohol use patients are identified by any principal or secondary diagnosis code on the record having the first four characters equal to one of the values in the following list: "2910", "2911", "2912", "2913", "2914", "2915", "2918", "2919", "2920", "2921", "2922", "2928", "2929", "3030", "3039", "3040", "3041", "3042", "3043", "3044", "3045", "3046", "3047", "3048", "3049", "3050", "3052", "3053", "3054", "3055", "3056", "3057", "3058", "3059", "7903", "V08" and "042".	

Utah

The reported age was not used when AGE could not be calculated because Utah supplied age at discharge.

Virginia

Patient age could not be calculated from dates since Virginia did not report date of birth. During HCUP processing, only the reported age could be used to assign AGE.

Washington

Availability of Reported Age

During HCUP processing of 1988-1992 discharges, the reported age was not used when AGE could not be calculated because Washington reported age at discharge. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning with 1993 discharges, Washington reported age at time of admission, consistent with the HCUP definition of AGE. Therefore, if the patient's age could not be calculated from dates, the reported age was assigned to AGE.

Ages Greater Than 99 Years

For 1988-1992 discharges, due to the coding of date of birth, no patient ages are greater than 99 years. Only a two-digit year for date of birth (DOB) was provided by the data source.

- If DOB is greater than admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE = 01/02/88 and DOB = 01/03/88, then the birth year was set to 1888 and the calculated age was 99).

- If DOB is less than or equal to ADATE, the birth century was assigned as 19 (e.g., if ADATE = 01/02/88 and DOB = 01/01/88, then the birth year was set to 1988 and the calculated age in years was 0).

For 1993-1996 discharges, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other record. The age range is not truncated at 99.

In 1997, the reported age was no longer used to indicate ages over 100. This is consistent with the coding of AGE in other states. The coding of AGE in 1997 is the same as specified for 1988-1992.

Beginning in 1998, Washington provided a four-digit birth year with the century. If the reported date of birth was greater than the admission date, then the original date of birth remains unchanged and the age at admission (AGE and AGEDAY) was set to inconsistent (.C).

Wisconsin

An error during HCUP processing of 1989-1992 discharges caused age in years (AGE) and date of birth (DOB) to be set to missing (.) for all patients born in the year 1900. Beginning with 1993 discharges, AGE and DOB were processed correctly.

From 1989-1994, only the calculated age could be used to assign AGE because Wisconsin did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

For 1995 discharges, the source supplied an age in years which was used if the age could not be calculated from date of birth and admission date.

Beginning in 1996, only the calculated age could be used to assign AGE because Wisconsin had truncated ages over 96 years to age 96.

AGEDAY - Age in days (when AGE is less than 1 year)

General Notes

Age in days (AGEDAY) is reported for patients less than 1 year old. AGEDAY is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEDAY is set to the supplied age in days if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEDAY is missing (.) if the age cannot be calculated and the reported age in days is missing.
- AGEDAY is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEDAY is invalid (.A) if the age in days cannot be calculated and the supplied age in days is nonnumeric. An invalid calculated AGEDAY is not replaced by the reported age in days.
- If the data source does not provide the necessary dates to calculate age in days or the reported age in days, then beginning in the 1998 data, AGEDAY is not present on the HCUP files. In the 1988-1997 data, AGEDAY is retained on the HCUP files and is set to unavailable from source (.B).
- AGEDAY is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
    - Beginning in the 1998 data, AGEDAY is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
    - In the 1998-1997 data, AGEDAY is inconsistent with AGE (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP inpatient data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 and AGEDAY = missing (.), instead of AGE=0 and AGEDAY=364.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AGEDAY	Age in days (when AGE is less than 1 year)	0-364	Days
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

State Specific Notes

Arizona

Only the calculated age could be used to assign AGEDAY because Arizona did not supply age in days.

Arkansas

Only the calculated age could be used to assign AGEDAY because Arkansas did not supply age in days.

California

California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Connecticut

Patient AGEDAY could not be calculated from dates since Connecticut did not report full dates of birth. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

Georgia

During HCUP processing, only the reported age in days could be used to assign AGEDAY because Georgia doe snot supply patient date of birth.

Prior to 2001, AGEDAY is coded differently in Georgia than in the other HCUP states. Georgia supplied age in days using a mix of days (for patients up to one month old) and 30-day intervals for (patients older than one month):

- Patients age less than 1 month old is coded in days from 0 to 30 (i.e., 0, 1, 2, 3 etc.).
- Patients age between 1 month and 1 year old is coded in 30-day intervals (i.e., 30, 60, 90, 120, etc.)

The maximum value for AGEDAY is 330.

Beginning with the 2001 data, Georgia no longer supplied 30-day intervals for age in days but instead reports a calculated age in days ranging from 0-365.

Hawaii

Beginning in 2000, the reported age in days was used when the age in days could not be calculated from dates. Prior to 2000, only the calculated age could be used to assign AGEDAY. From 1996-1998, Hawaii did not supply age in days. In 1998-1999, Hawaii reported age in days, but the coding was not consistent with the HCUP standard coding.

Beginning in 1998, Hawaii provided the date of birth (DOB) with a four-digit year. In prior years, only a two-digit year was available.

Illinois

Only the calculated age could be used to assign AGEDAY because Illinois did not supply age in days.

Iowa

AGEDAY may be incorrectly set to invalid (.A) on newborn records. When only the year of birth is available, Iowa codes the day and month of birth to '01'. This causes the calculated age in days to be negative, and therefore set to invalid (.A).

Only the calculated age could be used to assign AGEDAY. Prior to 1998, Iowa did not supply age in days. Beginning in 1998, Iowa supplied age in days, but the coding was inconsistent with HCUP standards.

Indiana

Only the calculated age in days was used to assign AGEDAY.

Kentucky

Only the calculated age in days could be used to assign AGEDAY because Kentucky did not supply this information.

Maine

Only the calculated age could be used to assign AGEDAY because Maine did not supply age in days.

Michigan

Prior to 2001, AGEDAY could not be calculated because Michigan did not report admission and birth dates. Beginning with the 2001 data, Michigan provided complete dates and AGEDAY could be calculated.

Minnesota

Only the calculated age in days could be used to assign AGEDAY because Minnesota did not supply this information.

Nebraska

Only the calculated age in days could be used to assign AGEDAY because Nebraska did not supply this information.

New Hampshire

Only the calculated age in days could be used to assign AGEDAY because New Hampshire did not supply this information.

New Jersey

Beginning in 2001, the reported Age in Days was used when AGEDAY could not be calculated. Prior to 2001, only the calculated age could be used to assign AGEDAY because New Jersey did not supply age in days.

Nevada

Only the calculated age in days was used to assign AGEDAY.

New York

In the 1988-1997 HCUP New York databases, AGEDAY could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

Beginning with the 1998 data, New York provided complete dates and AGEDAY could be calculated.

North Carolina

Only the calculated age in days could be used to assign AGEDAY because North Carolina did not supply this information.

Ohio

Only the calculated age in days could be used to assign AGEDAY because Ohio did not supply this information.

Oregon

During HCUP processing, only the calculated age in days could be used to assign AGEDAY because:

- Oregon did not report age in days in the data prior to 1998 and
- Oregon reported age in days at discharge beginning in the 1998 data.

Pennsylvania

Pennsylvania discharges which are considered as having "sensitive conditions" based on their DRG, diagnoses, and procedures, had AGEDAY set to missing (.) if AGEDAY was coded (AGEDAY >= 0).

The sensitive conditions and the screens for selecting them are listed below. The DRG and ICD-9-CM code screens are separated by "or" operators. The screen for sensitive conditions is updated as appropriate each year. Some out-of-date diagnoses and procedures, marked by "(D)", were dropped from the screen. Other diagnoses and procedures were added; these are marked by "(A)."

	DRG's **OR**	Diagnoses **OR**	Procedures
Abortion	380-381	634-634.92 (D)	69.01, 69.02
		635-635.99 (A)	69.09 (AD)
		636-636.99 (D)	69.51-69.59
		637-637.99 (D)	69.93 (D)
		638-638.99 (D)	74.91, 75.0
		639-639.99 (D)	96.49 (D)
		V61.7	

AIDS/HIV	488-490	042	
		043-044.9 (D)	
		795.71 (A)	
		795.8 (D)	
		V08 (A)	
		V65.44 (A)	
Psychiatric	424-432	290-302.9, 306-319	942.1--942.9, 943.1-943.9, 944.1-944.4, 945.1-945.2, 9459
		E95.0-E95.90	
		E98.0-E98.99	
		V11.0-V11.99 (A)	
		V790, V798, V799 (A)	
Substance Abuse	433-437, 521-523	303-305.93	944.5-944.6, 945.3-945.4, 946.1-946.9
		980.0 (A)	
		V65.42 (A)	
		V791	
Venereal Disease		090.0-099.9	
		V027	
		V028	

Rhode Island

Only the calculated age in days could be used to assign AGEDAY because Rhode Island did not supply this information.

Tennessee

Only the calculated age could be used to assign AGEDAY because Tennessee did not supply age in days.

Utah

Only the calculated age could be used to assign AGEDAY because Utah did not supply age in days.

Virginia

Age in days could not be calculated from dates since Virginia did not report the date of birth. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

Vermont

Only the calculated age in days could be used to assign AGEDAY because Vermont did not supply this information.

Washington

Only the calculated age could be used to assign AGEDAY because Washington did not supply age in days.

West Virginia

Only the calculated age in days could be used to assign AGEDAY because West Virginia did not supply this information.

AMONTH - Admission month

General Notes

Admission month (AMONTH) is derived from either the month of the admission date or the supplied admission month. A valid nonmissing month is assigned to AMONTH even if the admission year or day is invalid or missing. Therefore, it is possible to have a valid AMONTH when the admission date is invalid or missing.

If AMONTH is nonnumeric or out of range (month NE 1-12), then AMONTH is invalid (.A).

If the data source does not provide the admission month, then beginning in the 1998 data, AMONTH is not present on the HCUP files. In the 1988-1997 data, AMONTH is retained on the HCUP files and is set to unavailable from source (.B).

Uniform Values

Variable	Description	Value	Value Description
AMONTH	Admission month	1-12	Admit month
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

None

ASOURCE - Admission source, uniform coding

General Notes

Three HCUP data elements contain information on the source of admission:

- ASOURCEUB92 (available beginning in 2002 data) indicates the source of admission and uses the same coding as the source of admission data element on the UB-92 claim form. ASOURCEUB92 has more detailed categories for routine admissions and transfers from other health facilities than the HCUP data element ASOURCE. Some states do not provide enough detail in the coding of the source of admission to accurately code ASOURCEUB92. For these states, the data element ASOURCEUB92 is not available.
- ASOURCE (available for all data years) indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) include referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals. If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).
- ASOURCE_X (available beginning in 1998 data) retains the source of admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. ASOURCE_X is available for all states that provide HCUP with information on admission source.

If the state includes enough detail in the coding of the source of admission to accurately code ASOURCEUB92, then the HCUP data element ASOURCE is coded from ASOURCEUB92 as specified below. Otherwise, ASOURCE is coded from ASOURCE_X and specifications are listed under State Specific Notes.

Coding of ASOURCEUB92 into ASOURCE			
ASOURCEUB92		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		

5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
2	Outpatient or Clinic		
1	Normal delivery (if ATYPE = 4)		
2	Premature delivery (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
Blank	Unknown, Missing, Invalid	.	Missing

Uniform Values

Variable	Description	Value	Value Description
ASOURCE	Admission source, uniform coding	1	Emergency department
		2	Another hospital
		3	Another health facility including long term care
		4	Court/Law enforcement
		5	Routine, birth, and other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Arizona			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO/AHCCCS health plan referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

California

California			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
nn1	Route was this hospital's emergency room	1	Emergency department
51n, where n = 0 or 2	Acute inpatient care (this hospital)	2	Another hospital
52n, where n = 0 or 2	Acute inpatient care (another hospital)		

2mn, where m = 0-3, n = 0 or 2	Residential care facility	3	Other health facility including long-term care
3mn, where m = 0-3, n = 0 or 2	Ambulatory surgery		
4mn, where m = 0-3, n = 0 or 2	Skilled Nursing/Intermediate care		
5mn, where m = 0 or 3, n = 0 or 2	Acute inpatient hospital care (not a hospital)		
6mn, where m = 0-3, n = 0 or 2	Other inpatient hospital care		
8mn, where m = 0-3, n = 0 or 2	Prison/jail	4	Court/Law enforcement
1mn, where m = 0-3, n = 0 or 2	Home	5	Routine including births and other sources
7mn, where m = 0-3, n = 0 or 2	Newborn		
9mn, where m = 0-3, n = 0 or 2	Other		
000, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

The first digit of ASOURCE_X describes the site from which the patient originated (e.g., home (1), residential care facility (2), ambulatory surgery (3), skilled nursing/intermediate care (4), acute inpatient hospital care (5), other inpatient hospital care (6), newborn (7), prison/jail (8), other (9)).

The second digit of ASOURCE_X describes the license of site from which the patient originated (e.g., this hospital (1), another hospital (2), not a hospital (3)).

The third digit describes the route by which the patient was admitted (e.g., this hospital's emergency room (1), not this hospital's emergency room (2). Source value 2 includes patients seen in the emergency room of another

hospital and patients not seen in any emergency room.).

Newborns

In all years, California assigned all records containing a principal diagnosis code of "newborn, born in hospital" (defined as DX1 equal to V3x.0x) to an admission source of newborn, regardless of the admission source reported by the hospital. These discharges are included under the uniform category routine, birth, and other (ASOURCE = 5).

Home Health Service

Prior to 1995, the categories coded under routine, birth, and other (ASOURCE = 5) included an admission source of "Home Health Service."

Beginning in 1995, home health service is not reported by California as a separate category. No documentation is available from the source to indicate whether home health service is reported under another source category.

Court/Law Enforcement

Prior to 1995, the source documentation supplied by California does not indicate which source categories are used for "Court/Law Enforcement" (ASOURCE=4).

Beginning in 1995, the source reported a separate category for admissions from "Prison/Jail." These discharges are included under the uniform category "Court/Law Enforcement" (ASOURCE = 4).

Ambulatory Surgery

Beginning in 1995, the source reports a separate category for admissions from ambulatory surgery. These discharges are included under the uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3).

Colorado

Colorado			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
Beginning in 2002 HCUP data, ASOURCE is coded from ASOURCEUB92 instead of ASOURCE_X. The table below specifies how ASOURCE was coded from ASOURCE_X prior to 2002.			
7	Emergency room	1	Emergency department

4	Transfer from a hospital	2	Another hospital
A	Transfer from a rural hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Connecticut

Connecticut			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
2	Emergency department	1	Emergency department
4	Another hospital	2	Another hospital
3	Outpatient department	3	Other health facility including long-term care
5	SNF/ICF		
--	--	4	Court/Law enforcement
1	Routine from home	5	Routine including births and other sources
6	Newborn		
8	Same day care		
Blank	Missing	.	Missing
7	Still born (beginning in 2003)		

Any values not documented by the data source	.A	Invalid

Florida

Florida			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from skilled nursing facility	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
10	Normal delivery (if ATYPE=4)		
11	Premature delivery (if ATYPE=4)		
12	Sick baby (if ATYPE=4)		
13	Extramural birth (if ATYPE=4)		
09, 14, Blank	Other/Unknown, Other/Unknown (if ATYPE=4), Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Georgia

Georgia			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled	3	Other health facility including

	nursing facility		long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0, 9, Blank	Unknown, Missing	.	Missing
Any other values including alphabetic characters		.A	Invalid

Hawaii

Hawaii			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural hospital primary care facility		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		

2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Prior to 2002, admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows:

- If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source, Else ASOURCE_X = the admission source for non-newborns.

Illinois

Illinois			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural hospital (beginning in 1997)		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal Delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		

9, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa

Iowa			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal birth (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Kentucky

Kentucky			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department

04	Transfer from hospital	2	Another hospital
A	Transfer from critical care hospital		
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Maine

Maine			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		

2	Premature delivery (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
0, 9, Blank	Missing	.	Missing
Any other values not documented by the data source		.A	Invalid

Maryland

Maryland			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
05	Admitted from home and the flag provided by MD indicates the record was admitted from the emergency room (ASOURCE_X is "05" and IER_FLAG is "1")	1	Emergency department
09, 99, Blank	Information on source of admission is missing but the flag provided by MD indicates the record was admitted from the emergency room (ASOURCE_X is missing and IER_FLAG is "1")		
00	Transferred from on-site acute care unit to rehabilitation unit	2	Another hospital
01	Transferred from another hospital to a specialty center		
02	Transferred from another hospital for any other reason		
11	Transfer from on-site acute care unit to psych unit (Beginning in 2000)		
03	Transferred from a nursing home	3	Other health facility including long-term care
04	Transferred from any other institution		
06	Transferred from Lithotripsy facility		
07	Transferred from on-site ambulatory outpatient surgery unit		
08	Transferred from off-site ambulatory outpatient surgery unit		
12	Admitted from on-site sub-acute facility		

13	Admitted from other sub-acute facility		
--		4	Court/Law enforcement
05	Admitted from home (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room IER_FLAG does not equal 1)	5	Routine including births and other sources
10	Newborn		
09, 99, Blank	Source of admission is missing or the flag provided by MD does not indicate the record was admitted from the emergency room (IER_FLAG not "1")	.	Missing
Any values not documented by the data source		.A	Invalid
There is not enough detail in the coding of ASOURCE_X to code the HCUP variable ASOURCE92. ASOURCE is coded directly from ASOURCE_X.			

Massachusetts

Massachusetts			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Outside hospital emergency room	1	Emergency department
R	Within hospital emergency room (beginning in October 1999)		
4	Transfer from an acute hospital	2	Another hospital
5	Transfer from a skilled nursing home	3	Other health facility including long-term care
6	Transfer from Intermediate Care Facility		
T	Transfer from outside ambulatory surgery		
X	Observation		
Y	Within hospital ambulatory surgery		
9	Other (to include level 4 nursing facility) (coded to "Other health facility" beginning in 2002)		
8	Court/Law enforcement	4	Court/Law

			enforcement
1	Physician referral	5	Routine including births and other sources
2	Within hospital clinic referral		
3	HMO referral		
9	Other (to include level 4 nursing facility) (coded to "Routine" prior to 2002)		
L	Outside hospital clinic referral		
M	Walk-in / Self Referral		
A	Normal delivery (if ATYPE = 4)		
B	Premature delivery (if ATYPE = 4)		
C	Sick baby (if ATYPE = 4)		
W	Extramural birth (if ATYPE = 4)		
D	Extramural birth (if ATYPE = 4)		
-, 0, Z, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Michigan

Michigan			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transferred from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic/outpatient referral		
3	HMO referral		

N	Newborn at this facility		
0	Missing, invalid or unrecorded	.	Missing
9	Information not available		
Any values not documented by the data source		.A	Invalid

Minnesota

Minnesota			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from Critical Access Hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Missouri

Missouri
(Prior to 2002)

ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Nebraska

Nebraska			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from critical access hospital		
6	Transfer from another health care facility other than an acute care facility	3	Other health facility including long-term care

B	Transfer from another home health agency		
C	Readmission to same home health agency		
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Jersey

New Jersey			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
1	Normal birth (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		

3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

In 1995-1996, the admission source, "Transfer from a Rural Primary Care Hospital" was erroneously recoded to the HCUP uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3). Beginning in 1997, the admission source "Transfer from a Rural Primary Care Hospital" was correctly recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2). This source value was not available from New Jersey prior to 1995.

New York

Admitted from Outpatient Department

- For 1988-1992, the source category "Admitted From Outpatient Department" was recoded to the HCUP uniform category "Routine, Birth and Other" (ASOURCE = 5).
- For 1993, New York recoded "Admitted From Outpatient Department" into the source category "Emergency Room" and during HCUP processing, it was assigned to the HCUP category "Emergency Department" (ASOURCE = 1).
- Beginning in 1994, New York does not report "Admitted from Outpatient Department."

Transfer from a Rural Primary Care Hospital

- Beginning in 1995, New York reported the admission source, "Transfer from a Rural Primary Care Hospital." This was recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2).

Other Source

- For 1988-1992, the source category "Other Source" was recoded to the HCUP uniform category "Routine, Birth and Other" (ASOURCE = 5).
- For 1993, New York recoded "Other Source" into the source category "Information Not Available" and during HCUP processing, it was assigned to the HCUP category "Missing" (ASOURCE = .).
- Beginning in 1994, New York does not report "Other Source."

New York			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

North Carolina

North Carolina			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term

6	Transfer from another health care facility		care
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, 1, N, U, Y; 9,0,5,6,7; Blank	Documented by source as unknown values; Documented by source as unknown values (if ATYPE = 4)	.	Missing
Any values not documented by the data source		.A	Invalid

Oregon

Oregon			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
00	Home Health (discontinued in 1999)		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		

14	Extramural birth		
21	Admissions office (discontinued in 1998)		
22	Newborn (discontinued in 1998)		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Pennsylvania

Pennsylvania			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care facility (Beginning in 1995)		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility	6	Transfer from another health care facility
0	Transfer from psychiatric, substance abuse, or rehabilitation hospital (Beginning in 2000)		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine

2	Clinic referral		including births and other sources
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0	Unknown (Valid 1989 - 1999)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Due to an error in HCUP data processing, 133 discharges in 2002 with a disposition of "Transfer from psychiatric, substance abuse, or rehabilitation hospital" had ASOURCEUB92 set to invalid (.A). These records may be located by a "0" value preserved in ASOURCE_X.			

Rhode Island

Rhode Island			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
Z	Emergency room from nursing home		
4	Transfer from hospital	2	Another hospital
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health facility		
8	Court/law enforcement	4	Court/Law enforcement

1	Physician referral	5	Routine including births and other sources
2	Clinical Referral		
3	HMO Referral		
A	Normal birth (if ATYPE=4)		
B	Premature birth (if ATYPE=4)		
C	Sick baby (if ATYPE=4)		
D	Extramural birth (if ATYPE=4)		
E	Newborn (if ATYPE=4)		
F	Stillborn (if ATYPE=4)		
9, Blank	Information not available	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina

South Carolina			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		

3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0, 9, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Tennessee

Tennessee			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic Referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Texas

Texas
(Prior to 2002)

ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
0	Transfer from a psychiatric, substance abuse, rehabilitation hospital		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic Referral		
3	HMO referral		
2	Premature deliver (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE =4)		
If ATYPE = 4 "Newborn" and ASOURCE_X is missing (2001 only)			
9, Blank	Missing	.	Missing
"*" and any values not documented by the data source		.A	Invalid
Admission source (ASOURCE_X) is not provided by the data source for newborn discharges. In data year 2000, the HCUP data element for admission source (ASOURCE) is missing on all newborn records. Beginning in 2001, ASOURCE was set to "Routine" (ASOURCE=5) when ASOURCE_X was missing and the admission type indicated a newborn record (ATYPE=4).			

Utah

Utah			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**

7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE=4) (This is not available in the SASD)		
2	Premature delivery (if ATYPE=4) (This is not available in the SASD)		
3	Sick baby (if ATYPE=4) (This is not available in the SASD)		
4	Extramural birth (if ATYPE=4) (This is not available in the SASD)		
0	Newborn		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

SID and SEDD: Admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows:

If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source,

Else ASOURCE_X = the admission source for non-newborns.

SASD: Only the non-newborn admission source was provided.

Virginia

Virginia
(Prior to 2002)

ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Vermont

Vermont			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from critical access hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement

1	Physician Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Washington

Washington			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
9	Other		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		

Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

West Virginia

West Virginia			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Wisconsin

Wisconsin			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department

4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature newborn (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

ASOURCEUB92 - Admission source, (UB-92 standard coding)

General Notes

Three HCUP data elements contain information on the source of admission:

- ASOURCEUB92 (available beginning in 2002 for HCUP data in general, and in 2003 for the NIS) indicates the source of admission and uses the same coding as the source of admission data element on the UB-92 claim form. ASOURCEUB92 has more detailed categories for routine admissions and transfers from other health facilities than the HCUP data element ASOURCE. Some states do not provide enough detail in the coding of the source of admission to accurately code ASOURCEUB92. For these states, the data element ASOURCEUB92 is not available.
- ASOURCE (available for all data years) indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) include referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals. If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).
- ASOURCE_X (available beginning in 1998 data) retains the source of admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. ASOURCE_X is available for all states that provide HCUP with information on admission source.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASOURCEUB92	Admission source, (UB-92 standard coding)	1	If non-newborn admissions (ATYPE NE 4) Physician referral
		2	If non-newborn admissions (ATYPE NE 4) Clinic referral
		3	If non-newborn admissions (ATYPE NE 4) HMO referral
		4	If non-newborn admissions (ATYPE NE 4) Transfer from a hospital

		5	If non-newborn admissions (ATYPE NE 4) Transfer from a skilled nursing facility
		6	If non-newborn admissions (ATYPE NE 4) Transfer from another health facility
		7	If non-newborn admissions (ATYPE NE 4) Emergency room
		8	If non-newborn admissions (ATYPE NE 4) Court/Law enforcement
		A	If non-newborn admissions (ATYPE NE 4) Transfer from a Critical Access hospital
		.	If non-newborn admissions (ATYPE NE 4) Missing/Invalid
		1	If newborn admissions (ATYPE = 4) Normal newborn
		2	If newborn admissions (ATYPE = 4) Premature delivery
		3	If newborn admissions (ATYPE = 4) Sick baby
		4	If newborn admissions (ATYPE = 4) Extramural birth
		.	If newborn admissions (ATYPE = 4) Missing/Invalid

State Specific Notes

Arizona

Arizona			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO/AHCCCS health plan referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled	5	Transfer from a skilled

	nursing facility		nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Blank	Information not available, Missing	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4) (Valid beginning in 2003)			
1, N	Normal delivery	1	Normal newborn
2, P	Premature delivery	2	Premature delivery
3, S	Sick baby	3	Sick baby
4, E	Extramural birth	4	Extramural birth
9, Blank	Information not available, Missing	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4) (Valid July to December 2002)			
A	Normal delivery	1	Normal newborn
E	Other Newborn		
B	Premature delivery	2	Premature delivery
C	Sick baby	3	Sick baby
D	Extramural birth	4	Extramural birth
9, Blank	Information not available, Missing	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4) (Valid through June 2002)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank	Information not available, Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Arkansas

Arkansas			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**

Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO Referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another Health Care Facility	6	Transfer from another health care facility
7	Emergency Room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Any undocumented values	Information not available	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal Delivery	1	Normal newborn
2	Premature Delivery	2	Premature delivery
3	Sick Baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Any undocumented values	Information not available	Blank	Missing or Invalid
ASOURCE is coded from ASOURCEUB92.			

Colorado

Colorado			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral

4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
9, 0, Blank, Any undocumented values	Missing or undocumented value	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal newborn	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, 0, Blank, Any undocumented values	Missing or undocumented value	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Florida

Florida			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care

			facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
09, Blank, Any undocumented values	Other/Unknown, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
10	Normal delivery	1	Normal newborn
11	Premature delivery	2	Premature delivery
12	Sick baby	3	Sick baby
13	Extramural birth	4	Extramural birth
14, Blank, Any undocumented values	Other/Unknown (if ATYPE=4), Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Georgia

Georgia			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement

A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
0, 9, Blank, undocumented values	Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, Blank, undocumented values	Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Hawaii

Hawaii			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
A	Transfer from a rural hospital primary care facility		
5	Transfer from a skilled nursing facility (SNF)	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement

--		A	Transfer from a Critical Access hospital
9, Blank, Any undocumented values	Information not available, missing, invalid	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank, Any undocumented values	Information not available, missing, invalid	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92. There is no separate ASOURCE variable for newborns in 2002.			

Illinois

Illinois			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital

9, Blank, Any undocumented values	Missing, Unknown	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank, Any undocumented values	Missing, Unknown	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Iowa

Iowa			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank	Information not available	Blank	Missing or Invalid
Other	Any other values		
Newborn Admission (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby

4	Extramural birth	4	Extramural birth
9, 0, Other	Information not available	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Indiana

Indiana			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Any undocumented values	Unknown	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Any undocumented values	Not available	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Kansas

Kansas			
(Valid beginning in 2003)			
ASOURCE_X		ASOURCEUB92	
Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Any undocumented values	Unknown	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Any undocumented values	Unknown, Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Kentucky

Kentucky	
(Beginning in 2002)	
ASOURCE_X	ASOURCEUB92

Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
11	Normal delivery	1	Normal newborn
12	Premature delivery	2	Premature delivery
13	Sick baby	3	Sick baby
14	Extramural birth	4	Extramural birth
09, 19, Blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Maine

Maine			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility

6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank	Missing	.	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Massachusetts

Massachusetts			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Within hospital clinic referral	2	Clinic referral
L	Outside hospital clinic referral		
3	HMO referral	3	HMO referral
4	Transfer from an acute hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing home	5	Transfer from a skilled nursing facility
6	Transfer from Intermediate Care Facility	6	Transfer from another health care facility
T	Transfer from outside ambulatory surgery		
Y	Transfer from hospital surgery		

X	Observation		
9	Other (to include level 4 nursing facility)		
7	Outside hospital emergency room	7	Emergency room
R	Within hospital emergency room		
M	Walk-in/Self referral		
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
-. 0, Z, Blank	Information not available, missing	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
A	Normal delivery	1	Normal newborn
B	Premature delivery	2	Premature delivery
C	Sick baby	3	Sick baby
D, W	Extramural birth	4	Extramural birth
-, 0, Z, Blank	Information not available, Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Michigan

Michigan			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic/outpatient referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room

8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a rural primary care hospital	A	Transfer from a Critical Access hospital
0	Missing, invalid or unrecorded	Blank	Missing or Invalid
9	Information not available		
Newborn Admission (TYPE = 4)			
N	Normal newborn	1	Normal newborn
--	Premature delivery	2	Premature delivery
--	Sick baby	3	Sick baby
--	Extramural birth	4	Extramural birth
--	Missing or unknown	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Minnesota

Minnesota			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from Another Facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, blank	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature	2	Premature delivery

3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, blank	Information not available, blank	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Missouri

Missouri			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
0, 9, Blank	Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Nebraska

Nebraska

(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
B	Transfer from another home health agency		
C	Readmission to same home health agency		
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
0, 9, Blank	Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, Blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

New Hampshire

New Hampshire			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral

2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from other health care facility	6	Transfer from another health care facility
7	Transfer from ER	7	Emergency room
8	Transfer from Legal	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Any documented values	Not available, Missing	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Already born on arrival	4	Extramural birth
9, Any undocumented values	Not available, Missing	Blank	Missing or Invalid

New Jersey

New Jersey			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Outpatient of Clinic	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from an acute care hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility

6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a rural primary care hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery (if ATYPE = 4)	1	Normal newborn
2	Premature delivery (if ATYPE = 4)	2	Premature delivery
3	Sick baby (if ATYPE = 4)	3	Sick baby
4	Extramural birth (if ATYPE =4)	4	Extramural birth
		.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Nevada

Nevada			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic Referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a	A	Transfer from a

	Critical Access Hospital		Critical Access hospital
Blank, 9, any undocumented values	Unknown, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
11	Normal delivery	1	Normal newborn
12	Premature delivery	2	Premature delivery
13	Sick baby	3	Sick baby
14	Extramural birth	4	Extramural birth
Blank, 99, any undocumented values;	Unknown, missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

New York

New York			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from hospital	4	Transfer from a hospital
5	Transfer from SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from critical access hospital	A	Transfer from a Critical Access hospital
9, Blank, Any undocumented values	Missing	Blank	Missing or Invalid

Newborn Admission (TYPE = 4)			
1	Normal delivery (if ATYPE = 4)	1	Normal newborn
2	Premature delivery (if ATYPE = 4)	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank, Any undocumented values	Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

North Carolina

North Carolina			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
Blank, 9, 0, 1, N, U, Y	Missing, unknown	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth

Blank, 0, 5, 6, 7, 9	Missing, unknown	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Ohio

Ohio			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law	8	Court/Law enforcement
		A	Transfer from a Critical Access hospital
9, Blank, any udocumented values	Missing, unknown	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
A	Normal newborn	1	Normal newborn
B	Premature delivery	2	Premature delivery
C	Sick baby	3	Sick baby
D	Extramural birth	4	Extramural birth
9, Blank, any undocumented values	Missing, unknown	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Oregon

Oregon

(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
01	Physician referral	1	Physician referral
02	Clinic referral	2	Clinic referral
03	HMO referral	3	HMO referral
04	Transfer from a hospital	4	Transfer from a hospital
05	Transfer from a SNF	5	Transfer from a skilled nursing facility
06	Transfer from another health care facility	6	Transfer from another health care facility
07	Emergency room	7	Emergency room
08	Court/Law enforcement	8	Court/Law enforcement
		A	Transfer from a Critical Access hospital
09, 19, Blank	Information not available	Blank	Missing or Invalid
Any values not documented by the data source	Invalid		
Newborn Admission (TYPE = 4)			
11	Normal delivery	1	Normal newborn
12	Premature delivery	2	Premature delivery
13	Sick baby	3	Sick baby
14	Extramural birth	4	Extramural birth
09, 19, Blank	Information not available	Blank	Missing or Invalid
Any values not documented by the data source	Invalid		
ASOURCE is coded directly from ASOURCEUB92.			

Pennsylvania

Pennsylvania			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing home (SNF)	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank, any undocumented values	Unknown, missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank, any undocumented values	Unknown, missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Rhode Island

Rhode Island	
(Beginning in 2002)	
ASOURCE_X	ASOURCEUB92

Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
Z	Emergency room from nursing home		
8	Court/Law enforcement	8	Court/Law enforcement
		A	Transfer from a Critical Access hospital
9, Blank, Any undocumented values	Information not available	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
A, E	Normal birth, Newborn	1	Normal newborn
B	Premature birth	2	Premature delivery
C	Sick baby	3	Sick baby
D	Extramural birth	4	Extramural birth
F, 9, Blank, Any undocumented values	Stillborn, information not available	Blank	Missing or Invalid
Any values not documented by the data source	Invalid		
ASOURCE is coded directly from ASOURCEUB92.			

South Carolina

South Carolina
(Beginning in 2002)

ASOURCE_X		ASOURCEUB92	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
0, 9, Blank	Information not available, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, Blank	Information not available, Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

South Dakota

South Dakota			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a	5	Transfer from a

	skilled nursing facility		skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Blank, any undocumented values	Missing, Information not available	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank, any undocumented values	Missing, Information not available	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Tennessee

Tennessee			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from an Acute Care Facility	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room

8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, blank	.	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, blank	Unknown, missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Texas

Texas			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
0	Transfer from a pschiatric, substance abuse, or rehab hospital	6	Transfer from another health care facility
6	Transfer from another health care facility		
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical	A	Transfer from a

	access hospital		Critical Access hospital
9, Blank	Missing	Blank	Missing or Invalid
"*" and any values not documented by the data source	Invalid		
Newborn Admission (TYPE = 4)			
1	Normal Delivery	1	Normal newborn
2	Premature Delivery	2	Premature delivery
3	Sick Baby	3	Sick baby
4	Extramural Birth	4	Extramural birth
9, Blank	Missing	Blank	Missing or Invalid
"*" and any values not documented by the data source	Invalid		
Beginning with 2004: Admission source is coded for newborns. Prior to 2004: The admission source provided by Texas (ASOURCE_X) was blank for all newborn admission types (ATYPE=4) in the source data file. Because the majority of newborn admissions are routine, the HCUP source of admission was assigned to routine (ASOURCE=5), if the admission type was newborn (ATYPE=4). In order to achieve this, the following code was implemented: *If ASOURCE_X = â™ â™ and ATYPE = â˜4â™ then ASOURCE = â˜5â™ ;* For all other values, ASOURCE is coded from ASOURCEUB92.			

Utah

Utah			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from	6	Transfer from

	another health care facility		another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--	--	A	Transfer from a Critical Access hospital
0, 9, Blank, any undocumented values	Information not available, missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, Blank, any undocumented values	Invalid, Missing	.	Missing or Invalid
SID/SEDD: Admission source information was provided in two fields: one for newborns and one for all other patients. ASOURCE_X was assigned as follows: If a new born record (ATYPE=4) then ASOURCE_X = the newborn admission source. Else ASOURCE_X = the admission source for non-newborns			
SASD: Admission source is provided in one field for all patients.			

Virginia

Virginia			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from hospital	4	Transfer from hospital
5	Transfer from SNF	5	Transfer from a skilled nursing facility

6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery (if ATYPE = 4)	1	Normal newborn
2	Premature delivery (if ATYPE = 4)	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank	Unknown, Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Vermont

Vermont			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room

8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
9, Blank, Any undocumented values	Information not available, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank, Any undocumented values	Information not available	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Washington

Washington			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Blank	Other/Missing	.	Missing or Invalid

Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
5	Multiple birth		
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank	Other/Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

West Virginia

West Virginia			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank	Unknown, Missing	Blank	Missing or Invalid

ASOURCE is coded directly from ASOURCEUB92.

Wisconsin

Wisconsin			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access Hospital	A	Transfer from a Critical Access Hospital
--		A	Transfer from a Critical Access hospital
9, Blank	Unknown, missing	.	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal newborn	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
--		.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

ASOURCE_X - Admission source, as received from source

General Notes

Three HCUP data elements contain information on the source of admission:

- ASOURCEUB92 (available beginning in 2002 data) indicates the source of admission and uses the same coding as the source of admission data element on the UB-92 claim form. ASOURCEUB92 has more detailed categories for routine admissions and transfers from other health facilities than the HCUP data element ASOURCE. Some states do not provide enough detail in the coding of the source of admission to accurately code ASOURCEUB92. For these states, the data element ASOURCEUB92 is not available.
- ASOURCE (available for all data years) indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) include referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals. If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).
- ASOURCE_X (available beginning in 1998 data) retains the source of admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. ASOURCE_X is available for all states that provide HCUP with information on admission source.

Uniform Values

Variable	Description	Value	Value Description
ASOURCE_X	Admission source, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element ASOURCE.

ATYPE - Admission type

General Notes

ATYPE indicates the type of admission (emergency, urgent, elective, etc.). Newborn admission types are separated only if that information is available from the data source. No edit check comparing the admission type to diagnosis or procedure codes is performed.

Because it is infrequently available from data sources, the admission type of delivery (ATYPE=5) is discontinued beginning in the 1998 data. If available, deliveries are recoded under urgent (ATYPE=2).

Uniform Values

Variable	Description	Value	Value Description
ATYPE	Admission type	1	Emergency
		2	Urgent
		3	Elective
		4	Newborn
		5	Delivery (coded in 1988-1997 data only)
		5	Trauma Center (beginning in 2003)
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Arizona provides a source value "5" for admissions from "observation" status. During HCUP processing through 2002, the source category Observation was recoded to the HCUP category "Other" (ATYPE = 6). Beginning with 2003, the source category Observation was recoded to the HCUP category "Urgent" (ATYPE = 2).

Arizona does not separately classify deliveries. The source documentation supplied by Arizona does not indicate which source categories were used for deliveries.

Arkansas

Arkansas does not separately classify deliveries. The source documentation available for Arkansas does not describe which admission type(s) were used for deliveries.

Colorado

Beginning in 2003, Colorado reports an admission type of "Trauma Center".

In 1995, Colorado began collecting admission type, but it was optional for hospitals to report this data to the hospital association.

Colorado does not separately classify deliveries. The source documentation supplied by Colorado does not indicate which source categories were used for deliveries. Beginning with 1998 data, the HCUP variable for admission type does not include a value for deliveries (ATYPE = 5).

Connecticut

Connecticut does not separately classify deliveries. The source documentation available for Connecticut does not describe which admission type(s) were used for deliveries.

Florida

Florida does not separately classify deliveries. According to the documentation available from the source, most normal deliveries are categorized as urgent (ATYPE = 2), and most cesarean births and some normal deliveries are included under elective (ATYPE = 3).

Georgia

Georgia does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Georgia does not describe which admission type(s) were used for these categories.

Hawaii

Hawaii does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Hawaii does not describe which admission type(s) were used for these categories.

Illinois

Illinois does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Iowa

Iowa does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Indiana

Indiana does not separately classify deliveries. The source documentation supplied by Indiana does not indicate which source categories were used for deliveries.

Kansas

Kansas does not separately classify deliveries. The source documentation available for Kansas does not indicate which code was used for deliveries.

Kentucky

Kentucky does not separately classify deliveries. The source documentation supplied by Kentucky does not indicate which source categories were used for deliveries.

Maine

Maine does not separately classify deliveries. The source documentation available for Maine does not describe which admission type(s) were used for deliveries.

Maryland

During HCUP processing of 1993 data, the source category "Rehabilitation" was erroneously recoded to the HCUP category "Invalid" (ATYPE = .A) instead of "Other" (ATYPE = 6). During HCUP processing for other years, the source category Rehabilitation was correctly recoded to the HCUP category "Other" (ATYPE=6).

Beginning in 1997, the source reported a separate category for "Psychiatric" admissions. These discharges are included under the uniform category "Other" (ATYPE = 6).

Beginning in 1998, an admission type of "Delivery" was recoded to "Urgent" (ATYPE = 2).

Massachusetts

Massachusetts does not separately classify deliveries. The source documentation supplied by Massachusetts does not indicate which source categories are used for deliveries.

Minnesota

Minnesota does not separately classify deliveries. The source documentation supplied by Minnesota does not indicate which source categories were used for deliveries.

Missouri

Missouri does not separately classify deliveries. The source documentation supplied by Missouri does not indicate which source categories were used for deliveries.

Nebraska

The source value for Trauma Center (value 5) was recoded to Other (ATYPE=6) in 2002. Beginning in 2003, this source value was recoded to Trauma Center (ATYPE=5) for inpatient and outpatient data.

Nebraska does not separately classify deliveries. The source documentation supplied by Nebraska does not indicate which source categories were used for deliveries.

New Hampshire

New Hampshire does not separately classify deliveries. The source documentation supplied by New Hampshire does not indicate which source categories were used for deliveries.

New Jersey

New Jersey does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Nevada

Nevada reported a separate category for the following types of admissions:

- Beginning with 2003 data:
  - Trauma was included under the uniform category "Trauma" (ATYPE = 5)
  - Semi-Urgent was included under the uniform category "Urgent" (ATYPE = 2)
- IN the 2002 data:
  - Trauma was included under the uniform category "Emergency" (ATYPE = 1)

- Semi-Urgent was included under the uniform category "Urgent" (ATYPE = 2)

Nevada does not separately classify deliveries. The source documentation supplied by Nevada does not indicate which source categories were used for deliveries.

New York

New York does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

North Carolina

North Carolina does not separately classify deliveries. The source documentation supplied by North Carolina does not indicate which source categories were used by deliveries.

Ohio

Ohio reported a separate category for the following types of admissions:

- Admission for Pending Medicaid recipient
- Medicaid recipient not reviewed
- Transferred to another hospital
- Rehabilitation Court committal.

These admissions were included under the uniform category "Other" (ATYPE = 6).

Ohio does not separately classify deliveries. The source documentation supplied by Ohio does not indicate which source categories were used for deliveries.

Oregon

Oregon does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

Oregon reports admission from "home health." During HCUP processing, this value is set to admission type "other."

Beginning with 2003, the Oregon codes an admission type of trauma center.

Pennsylvania

Pennsylvania does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Beginning with 2003, the Pennsylvania codes an admission type of trauma center.

Rhode Island

Rhode Island reported a separate category for "Court committal" admissions. These discharges were included under the uniform category "Other" (ATYPE=6). Rhode Island does not separately classify deliveries. The source documentation supplied by Rhode Island does not include which source categories were used for deliveries.

South Carolina

South Carolina does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

South Dakota

South Dakota does not separately classify deliveries. The source documentation supplied by South Dakota does not indicate which source categories were used for deliveries.

Tennessee

Tennessee does not separately classify deliveries. The source documentation supplied by Tennessee does not indicate which source categories were used for deliveries.

Texas

Texas does not separately classify deliveries. The source documentation supplied by Texas does not indicate which source categories were used for deliveries.

Utah

Utah does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Utah does not describe which admission type(s) were used for these categories.

Vermont

Vermont does not necessarily classify deliveries. The source documentation supplied by Vermont does not indicate which source categories were used for deliveries.

Washington

Washington does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

West Virginia

West Virginia does not separately classify deliveries. The source documentation supplied by West Virginia does not indicate which source categories were used for deliveries.

Wisconsin

Wisconsin does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

AWEEKEND - Admission day is on a weekend

General Notes

An indicator of whether the admission day is on the weekend (AWEEKEND) is calculated from the admission date (ADATE). If AWEEKEND cannot be calculated (ADATE is missing or invalid), then

- AWEEKEND is missing (.) if ADATE is missing (.) or
- AWEEKEND is invalid (.A) if ADATE is invalid (.A).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

Uniform Values

Variable	Description	Value	Value Description
AWEEKEND	Admission day is on a weekend	0	Admitted Monday-Friday
		1	Admitted Saturday-Sunday
		.	Missing
		.A	Invalid

State Specific Notes

Florida

Beginning in 1997, the reported admission day of week was used to assign AWEEKEND. In 1997, Florida did not provide admission date. Beginning in 1998, admission date was provided only for those discharges less than 11 years old.

From data year 1998 to 2000, there may be an error in AWEEKEND. The data source in Florida has reported that during this time period, the reported value was sometimes incorrect. The data source could not specify the magnitude of the problem.

New York

The assignment of AWEEKEND varies by year in New York:

- Beginning in 2000 data, AWEEKEND is assigned from the reported admission day of the week if the admission date is missing.

- In the 1998-1999 data purchased from NTIS, AWEEKEND was calculated from the admission date. Because New York masked the admission and discharge dates on AIDS/HIV* records, AWEEKEND was missing (.) on these discharges. An updated version of the 1998-1999 data is available through the HCUP Central Distributor with AWEEKEND coded on the New York AIDS/HIV* records. In the 1998-1999 data purchased from HCUP Central Distributor, AWEEKEND in New York was calculated from the reported admission day of week.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

D10CWT_U - 10% sample weight to discharges in the universe

General Notes

D10CWT_U is the discharge-level weight on the 10% NIS Sample Core file prior to 1998. To produce national estimates, use D10CWT_U to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- From 2001 on, DISCWT10 should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT10 and DISCWTcharge10). DISCWT10 should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge10 should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT10 should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named D10CWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values

Variable	Description	Value	Value Description
D10CWT_U	10% sample weight to discharges in the universe	nnn.nnnn	10% sample weight to discharges in the universe

State Specific Notes

None

DCCHPRn - Clinical Classifications Software: diagnosis classification

General Notes

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified. All E-codes (External Causes of Injury and Poisoning) are combined into the last category, 260.

DCCHPRn is coded as follows:

- DCCHPRn ranges from 1 to 260 if the diagnosis code (DXn) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- DCCHPRn is missing (.), if there is no diagnosis code (DXn = " ").
- DCCHPRn is set to invalid (.A), if the diagnosis code (DXn) is invalid (DXVn = 1).

DCCHPRn is retained (values 1-260) when a valid diagnosis is flagged as inconsistent with age or sex (DXVn = .C). For best results, use DCCHPRn only when the diagnosis is valid and consistent (DXVn = 0).

Beginning in the 1998 data, this data element is called DXCCSn.

Labels

Labels for CCS, formerly known as CCHPR, categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS, formerly known as CCHPR, categories are documented in HCUP Tools: Labels and Formats. Both sixteen-and forty-character labels are available.

A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also documented in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DCCHPRn	Clinical Classifications Software: diagnosis classification	1-260	CCS Diagnosis Codes
		.	No diagnosis code
		.A	Invalid diagnosis code

State Specific Notes

None

DIED - Died during hospitalization

General Notes

Died during hospitalization (DIED) is coded from disposition of patient. The HCUP data element for disposition of the patient varies across years of data.

Beginning in the 1998 data, the HCUP data element DISPUniform is used to code DIED.

- If DISPUniform indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISPUniform indicates that a patient died in the hospital (value 20), then DIED is coded as 1.
- If DISPUniform is missing (.) or invalid (.A), then DIED is also missing (.) or invalid (.A).

When DISP_X indicates that a patient died outside of the hospital (value = 40-42), then the disposition is coded as missing (DISPUniform = . and DIED = .).

From 1988-1997 data, the HCUP data element DISP is used to code DIED.

- If DISP indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISP indicates that a patient died in or out of the hospital (value 20), then DIED is coded as 1.
- If DISP is missing (.), invalid (.A), or unavailable from the source (.B), then DIED is also missing (.), invalid (.A), or unavailable from the source (.B).

When noted, patients that died outside of the hospital are included in the same category as patients that died in the hospital (DISP = 20), so for these patients DIED is coded as 1.

In the 1998-2000 HCUP data files, missing values of DIED were erroneously set to invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DIED	Died during hospitalization	0	Did not die
		1	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

New Jersey

In 1994, New Jersey reported that Englewood Hospital and Medical Center (DSHOSPID = 00450) incorrectly reported transfers to other hospitals as deaths.

DISCWT - Weight to discharges in the universe

General Notes

DISCWT is the discharge-level weight on the NIS Core file. To produce national estimates, use DISCWT to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- From 2001 on, DISCWT should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named DISCWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values

Variable	Description	Value	Value Description
DISCWT	Weight to discharges in the universe	nn.nnnn	Weight to discharges in the universe.

State Specific Notes

None

DISCWT_U - Weight to discharges in universe

General Notes

DISCWT_U contains the weight to the discharges in the universe of community hospitals. To produce national estimates, use DISCWT_U to weight sampled discharges to the universe of discharges from all community hospitals located in the U.S.

- From 2001 on, DISCWT should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named DISCWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values

Variable	Description	Value	Value Description
DISCWT_U	Weight to discharges in universe	nn.nnnn	Weight to discharges in universe

State Specific Notes

None

DISCWT10 - 10% sample weight to discharges in the universe

General Notes

DISCWT10 is the discharge-level weight on the 10% NIS Sample Core file. To produce national estimates, use DISCWT10 to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- From 2001 on, DISCWT10 should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT10 and DISCWTcharge10). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge10 should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT10 should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named D10CWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values

Variable	Description	Value	Value Description
DISCWT10	10% sample weight to discharges in the universe	nnn.nnnn	10% sample weight to discharges in the universe.

State Specific Notes

None

DISCWTcharge - Weight to discharges in the universe for national estimates of total charge in 2000.

General Notes

DISCWTcharge is a discharge-level weight that is only available in the 2000 NIS. To produce national estimates of total charge in 2000, use DISCWTcharge to weight total charge (TOTCHG) in the Core file to the total charge from all community hospitals located in the U.S.

- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In all data years except 2000, DISCWT (beginning in 1998) or DISCWT_U (prior to 1997) should be used to create all national estimates.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values

Variable	Description	Value	Value Description
DISCWTcharge	Weight to discharges in the universe for national estimates of total charge in 2000.	nn.nnnn	Weight to discharges in the universe for national estimates of total charge in 2000

State Specific Notes

None

DISCWTcharge10 - 10% sample weight to discharges in the universe for national estimates of total charge in 2000.

General Notes

DISCWTcharge10 is a discharge-level weight that is only available in the 2000 10% NIS Sample. To produce national estimates of total charge in 2000, use DISCWTcharge10 to weight total charge (TOTCHG) in the 10% Sample Core file to the total charge from all community hospitals located in the U.S.

- In the 2000 NIS, there are two discharge-level weights (DISCWT10 and DISCWTcharge10). DISCWT10 should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge10 should be used to create national estimates of total charge.
- In all data years except 2000, DISCWT10 (beginning in 1998) or D10CWT_U (prior to 1997) should be used to create all national estimates.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values

Variable	Description	Value	Value Description
DISCWTcharge10	10% sample weight to discharges in the universe for national estimates of total charge in 2000.	nnn.nnnn	10% sample weight to discharges in the universe for national estimates of total charge in 2000

State Specific Notes

None

DISP - Disposition of patient

General Notes

DISP indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). Patients that died outside of the hospital are coded as died (DISP =20).

The distinction between discharged to a skilled nursing facility (DISP = 3) and intermediate care facility (DISP = 4) may be defined differently for different data sources.

Uniform Values

Variable	Description	Value	Value Description
DISP	Disposition of patient	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Arizona

In 1995, Arizona added the disposition "Home IV Provider." This is recoded to the HCUP discharge disposition Home Health Care (DISP = 6).

California

Beginning in 1995, California differentiates the discharge disposition to care within the same facility and discharges to another facility. Patients discharged to another level of care (e.g., long term care, residential care, and other care) were included in the uniform category "Another Type of Facility" (DISP = 5) regardless of whether the patient was physically transferred to another hospital or stayed in the same facility. Discharges to acute care were included in the uniform category "Short-Term Hospital" (DISP = 2).

Beginning in 1995, the source reports a separate category for discharges to "Prison/Jail." These discharges were included in the uniform category "Routine" (DISP = 1).

Colorado

Beginning in 1997, Colorado reports two new categories for discharge disposition:

- "Hospice-Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP=5), and
- "Hospice-Home" which was recoded to the HCUP category "Home Health Care" (DISP=6).

Connecticut

Beginning in 1997, Connecticut reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Florida

Prior to 1997, the source category of "Discharged Home on IV Medications" was recoded to the HCUP discharge disposition of Home (DISP = 1). Beginning in 1997, this source category was recoded to Home Health Care (DISP = 6) to be consistent with the coding of this discharge disposition in other states.

Georgia

In addition to the usual categories coded under died (DISP = 20), the following dispositions are included:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

Hawaii

Even though Hawaii allows a range of discharge dispositions to be coded (i.e., SNF, ICF, another facility, and home health care), most of the Hawaii discharges are coded with a discharge disposition of:

- Routine (DISP = 1),
- Transfer to an acute care facility (DISP = 2), or
- Died (DISP = 20).

Illinois

In 1993, Illinois changed the categories used to report disposition of patient (referred to by the source as patient status). Several categories used from 1988-1992 are not included starting in 1993. In 1995, two new categories are added.

For all years, the source disposition "Discharged to home under the care of a Home IV Drug Therapy provider" is included in the HCUP category "Home health care" (DISP = 6).

Dispositions reported only in 1988-1992:

- The source disposition "Discharged, no longer covered by Medicaid" is included in the HCUP category "Routine" (DISP = 1).
- The source disposition "Transferred to another category of service" is included in the HCUP category "Another type of facility" (DISP = 5). This source category may include intrahospital transfers which may not represent the final disposition of the patient. However, these records cannot be distinguished from others legitimately coded under "Another type of facility."

Dispositions added in 1995:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Kansas

The source codes for "Rehabilitation Center", "Psychiatric Facility", and "Custodial Care" are included in the HCUP category "Another Type of Facility" (DISP = 5).

The source codes for "Coroner's Case, autopsy" and "Coroner's Case, no autopsy" are included in the HCUP category "Died" (DISP = 20).

Maryland

Another Type of Facility

The following source codes were included in the HCUP category "Another Type of Facility" (DISP = 5):

- "Rehab Facility,"
- "Rehab Unit-Other Hosp," and
- "On-site Distinct Rehab Unit."

Beginning in 1996, three additional source codes were included in the HCUP category "Another Type of Facility" (DISP = 5):

- "On-site Psychiatric Unit,"
- "On-site Sub-acute Facility", and
- "Other Sub-acute Facility."

Intermediate Care Facility

Maryland does not separately classify the disposition of Intermediate Care Facility (DISP=4). No documentation was available about which discharge disposition was used for Intermediate Care Facility.

Massachusetts

For all years, the source code for "Discharge Other" was included in the HCUP category "Missing" (DISP = .).

Beginning in 1993, quarter 4, the source codes for "Further Care - Inpatient or Outpatient Department" and "Rest Home" were included in the HCUP category "Another Type of Facility" (DISP = 5).

New Jersey

Beginning in October 1995, New Jersey reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

New York

In All Years

- The source category "Neonatal Aftercare" was recoded to the HCUP uniform category "Short-Term Hospital" (DISP = 2).
- The source category "Psychiatric Chronic Care Facility" was recoded to the HCUP uniform category "Another Type of Facility" (DISP = 5).

Residential Health Care Facility

- For 1988-1992, the source coded "Intermediate Care Facility" and "Residential Health Care Facility" in a single category. This was recoded to the HCUP category "Intermediate Care Facility (ICF)" (DISP = 4).
- For 1993, New York included "Residential Health Care Facility" with their category for "Skilled Nursing Facility." This was assigned to the HCUP category "Skilled Nursing Facility" (DISP = 3). "Intermediate Care Facility" was coded in its own category.
- Beginning in 1994, the source reports "Domiciliary Health Care Facility" in place of "Residential Health Care Facility." This was recoded to "Another Type of Facility" (DISP = 5).

Tertiary Aftercare

- Beginning in 1994, the source reports "Transferred to Another Hospital for Tertiary Aftercare." This was recoded to the HCUP category "Short-Term Hospital" (DISP = 2).

Hospice

- Beginning in October 1995, New York reports two new categories for discharge disposition:
    - "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
    - "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Expired

- Beginning in 1997, New York reports three new categories coded under died (DISP = 20):
    - "Expired at home,"
    - "Expired at a medical facility," and
    - "Expired, place unknown."

Oregon

According to Oregon's 1993 report to HCUP on their data practices, some Oregon hospitals do not differentiate discharges to home (DISP = 1) and discharges to home health care (DISP = 6). These discharges would be reported in the HCUP Oregon data

as discharges to home (DISP = 1). Information on more recent practices is not available.

Prior to 1995, Oregon did not report discharges to "Other short-term facility" (DISP = 2) although the category was included in the source documentation. Beginning in 1995, this discharge disposition was reported.

Beginning in 1997, Oregon reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Pennsylvania

In addition to the usual categories coded under died (DISP = 20), the following dispositions include:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

In 1993, blank values reported by Pennsylvania were incorrectly assigned to the HCUP category Invalid (.A) instead of missing (.). DISP was processed correctly in other years.

South Carolina

In addition to the usual categories coded under died (DISP = 20), the following dispositions are include:

- "Expired at home,"
- "Expired at a medical facility," and
- "Expired, place unknown."

Beginning in 1996, South Carolina reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Tennessee

The source disposition "Mental Health Center" is included in the HCUP category "Another type of facility" (DISP = 5).

In 1995, the source disposition "Admitted as an inpatient to this hospital (only for Medicare outpatient claims)" was included in the HCUP category "Invalid" (DISP = .A). Beginning in 1996, discharges with the source disposition "Admitted as an inpatient to this hospital (only for Medicare outpatient claims)" were excluded from the HCUP inpatient files.

Utah

In addition to the usual categories coded under died (DISP = 20), the following dispositions are included:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

Wisconsin

Beginning in 1995, Wisconsin reports two new categories:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

DISPUB92 - Disposition of patient, UB92 coding

General Notes

DISPUB92 indicates the disposition of the patient at discharge and uses the same coding as the patient status data element on the UB-92 claim form.

DISPUB92 has more detailed categories for transfers and Home Health Care than the HCUP data element DISPUniform. Some states do not provide enough detail in the coding of the discharge status to accurately code DISPUB92. For these states, the data element DISPUB92 is not available. DISPUniform is available for all states. DISP_X retains the disposition of patient as provided by the data source.

DISP_X is not available on the HCUP Nationwide Inpatient Sample (NIS).

Uniform Values

Variable	Description	Value	Value Description
DISPUB92	Disposition of patient, UB92 coding	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility (for inpatient care)
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		8	Home IV provider
		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
		20	Died in hospital
		40	Died at home
		41	Died in a medical facility
		42	Died, place unknown
		43	Alive - Federal health facility
		50	Hospice - home
		51	Hospice - medical facility
		61	Within this institution to a Medicare-

			approved swing bed, beginning in 2000 data
		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data
		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data
		64	Discharge, transferred to a nursing facility certified by Medicaid, but not certified by Medicare
		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
		71	Another institution for outpatient services, beginning in 2000 data
		72	This institution for outpatient services, beginning in 2000 data
		99	Discharge alive, destination unknown, beginning in 2001 data
		.	Missing
		.A	Invalid

State Specific Notes

Arizona

Arizona			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility

06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
43	Discharged to a federal hospital (valid beginning 10/1/03)	43	Federal Health Facility
50	Hospice - home (beginning 7/02)	50	Hospice - home
51	Hospice - home (beginning 7/02)	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (beginning 7/02)	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning 7/02)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001)
63	Long term care hospital (beginning 7/02)	63	Long term care hospital (beginning in 2001)
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002)
65	Discharged or transferred to a psychiatric hospital or psychiatric unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)

71	Another institution for outpatient services (beginning 7/02)	71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services (beginning 7/02)	72	This institution for outpatient services (beginning in 2000)
Blank, 00	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92. In 2001, records with the disposition "All Other" were recoded to "Missing" (DISPUB92 = .) in the HCUP databases. For all other years, records with the disposition "09" were considered to have a different definition, "Admitted as an inpatient", and were rejected from the HCUP databases.			

Arkansas

Arkansas			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
02	Another short term general hospital for inpatient care	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility (ICF)	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized home health services organization	6	Home health care
07	Left against medical advice or discontinued care	7	Against medical advice
08	Home under care of a Home IV provider	8	Home IV provider
--	--	9	Admitted as an inpatient to this hospital. Valid only on outpatient data.

20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medicality facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
		43	Federal Health Facility
50	Hospice - home	50	Hospice - home
51	Hospice -medical facility	51	Hospice - medical facility
61	Within this institution to hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
62	Another inpatient rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital
63	Long term care hospital	63	Long term care hospital
		64	Nursing facility certified under Medicaid but not certified under Medicare
		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services
72	This institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services
		99	Discharged alive, destination unknown
0, 00, 9, Blank	Information not available	.	Missing

Any values not documented by the data source	.A	Invalid
DISPUniform is coded directly from DISPUB92.		

California

DISPUB92 is missing on all California discharges. The data source does not provide sufficient detail to accurately assign the HCUP variable DISPUB92.

Colorado

Colorado			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
43	Government facility (beginning with 2004 data)	43	Federal Health Facility
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Discharged/transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Discharged/transferred to a	63	Discharge, transferred to a

	long term care hospital		long term care hospital swing bed, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any other values		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Connecticut

Connecticut			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home	1	Routine
02	Other hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Other facility	5	Another type of facility
06	Home health care	6	Home health care
07	Left AMA	7	Against medical advice
08	Home IV therapy	8	Home IV provider
09	Admitted to this hospital (SASD and SEDD beginning in 2001).	9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.

20	Expired	20	Died in the hospital
40	Died at home (beginning in 2002)	40	Died at home
41	Died in other medical facility (beginning in 2002)	41	Died in other medical facility
42	Died, place unknown (beginning in 2002)	42	Died, place unknown
43	Federal Hospital	43	Federal Health Facility
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2002)	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002 data)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)
63	Long term care hospital (beginning in 2002 data)	63	Long term care hospital (beginning in 2001 data)
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services (beginning in 2002 data)	71	Another institution for outpatient services (beginning in 2000 data)
72	This institution for outpatient services (beginning in 2002 data)	72	This institution for outpatient services (beginning in 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

DISPUniform is coded directly from DISPUB92.

Florida

Florida			
(Prior to 2003)			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01, 1	Home	1	Routine
02, 2	Short term general hospital	2	Short-term hospital
03, 3	Skilled nursing facility	3	Skilled nursing facility
04, 4	Intermediate care facility	4	Intermediate care facility
05, 5	Another type of institution	5	Another type of facility
06, 6	Home under care of home health care organization	6	Home health care
07, 7	Left against medical advice	7	Against medical advice
08, 8	Home on IV medications	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Discharged to Hospice - Home	50	Hospice - home
51		51	Discharged to Hospice â“ Medical Facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Another rehabilitation facility including rehabilitation distinct part units of a

			hospital (beginning in 2001 data).
--		63	Long term care hospital (beginning in 2001 data).
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
--		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
Blank	Missing		
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Georgia

Georgia			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01, 1	Home or self care (routine)	1	Routine
02, 2	Another short-term general hospital	2	Short-term hospital
03, 3	Skilled nursing facility	3	Skilled nursing facility
04, 4	Intermediate care facility	4	Intermediate care facility
05, 5	Another type of institution	5	Another type of facility
10	Mental Health Center		
06, 6	Home health care	6	Home health care
07, 7	Left against medical advice	7	Against medical advice
08, 8	Home under care of	8	Home IV provider

	Home IV Provider		
09, 9	Admitted as an inpatient to his hospital (valid in outpatient databases only).	9	Admitted as an inpatient to this hospital (beginning in 2001 data). (Valid only on outpatient data)
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
43	Federal Hospital	43	Federal health facility (beginning in 2003 data)
50	Hospice - home (Beginning in 2000)	50	Hospice - home
51	Hospice - medical facility (Beginning in 2000)	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000).	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000).
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002 data).	62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Long term care hospital (beginning in 2002 data).	63	Discharge, transferred to a long term care hospital swing bed (beginning in 2001 data).
64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data).	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data).
65	Psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)

71	Another institution for outpatient services (beginning in 2000).	71	Another institution for outpatient services (beginning in 2000).
72	This institution for outpatient services (beginning in 2000).	72	This institution for outpatient services (beginning in 2000).
--		99	Discharge alive, destination unknown (beginning in 2001 data).
0, 9, 99, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Hawaii

In the 2003 Hawaii SID, one hospital (DSHOSPID "120022") reported incorrect information on the patient's discharge disposition. Too many discharges are reported as "Died in the Hospital" (DISPUB92=20).

Hawaii			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self care (routine)	1	Routine
2	Another short term general hospital	2	short-term hospital
3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility
5	Another type of institution	5	another type of facility
6	Home health service organization	6	Home health care
7	Left against medical advice	7	Against medical advice
8	Home under care of Home IV Provider	8	Home IV provider
9	Admitted as an inpatient to this hospital (beginning in 2003 data) - SEDD only	9	Admitted as an inpatient to this hospital (beginning in 2001 data)
20	Expired	20	Died in the hospital
40	Expired at home (hospice	40	Died at home

	only)		
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown (hospice only)	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Long term care hospital	63	Long term care hospital (beginning in 2001 data).
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data).
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Illinois

Illinois

DISP_X		DISPUB92	
Value	**Description**	**Value**	**Description**
01	Routine	1	Routine
02	Short-term General Hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized home health service	5	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV drug therapy provider	8	Home under IV provider
20	Expired	20	Died in the hospital
21	Did not recover		
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
43	Federal Health Care Facility	43	Federal Hospital
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (added in 2001)	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
Discharged/transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital (added in		62	Discharged, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in

2001)			2001 data).
63	Discharged/transferred to a long term care hospital (added in 2001)	63	Discharged, transferred to a long term care hospital swing bed (beginning in 2001 data).
64	Nursing facility certified uner Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric Hospital/Distinct Unit	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services (added in 2001)	71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services (added in 2001)	72	This institution for outpatient services (beginning in 2000)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Iowa

Iowa			
(Valid beginning in 2001)			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self-care	1	Routine
2	Another short-term general hospital	2	Short-term hospital
3	Skilled nursing facility (SNF)	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility

5	Another type of institution for inpatient care or referred for outpatient services to another institution	5	Another type of facility
6	Home under care of home-health service organization	6	Home health care
7	Against medical advice	7	Against medical advice
8	Home under care of a Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
43	Federal Hospital	43	Federal Hospital
50	Hospice-Home	50	Hospice - home
51	Hospice-medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare-approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Long term care hospital (beginning in 2001 data)	63	Long term care hospital, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
		71	Another institution for outpatient

			services (beginning in 2000 data)
		72	This institution for outpatient services (beginning in 2000 data)
--		99	Discharged alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Iowa

Iowa			
(Valid through 2000)			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self-care	1	Routine
3	Other acute hospital	2	Short-term hospital
4	SNF	3	Skilled nursing facility
5	ICF	4	Intermediate care facility
6	Other health care facility	5	Another type of facility
2	Home health service	6	Home health care
7	Against medical advice	7	Against medical advice
--		8	Home IV provider
8	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		71	Another institution for outpatient services (beginning in 2000)

--		72	This institution for outpatient services (beginning in 2000)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Indiana

Due to an error in HCUP processing for data year 2003, twenty-three records with the discharge disposition of still a patient (DISP_X=31) were retained. These records are usually excluded from the HCUP databases.

Indiana			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility (ICF)	4	Intermediate care facility
05	Another type of institution or referred for outpatient services to another institution	5	Another type of facility
06	Home under care of organized home health services organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV provider	8	Home IV provider
09	Admitted as an inpatient to this hospital. Valid on Outpatient data only.	9	Admitted as an inpatient to this hospital. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired â “ place unknown	42	Died, place unknown
--		43	Federal health facility

50	Hospice - home	50	Hospice - home
51	Hospice â“ medical facility)	51	Hospice - medical facility
61	Within this institution to hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
62	Another inpatient rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital
63	Medicare Certified long term care hospital	63	Long term care hospital
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services
72	This institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services
--		99	Discharged alive, destination unknown
00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded from DISPUB92.			

Kansas

Kansas			
Valid beginnining in 2003			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care	1	Routine

02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
10	Mental health center		
06	Home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of Home IV Provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.
4	Expired (no autopsy)	20	Died in the hospital
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired at medical facility	41	Died in other medical facility
42	Expired â “ place unknown	42	Died, place unknown
43	Federal Hospital	43	Federal Hospital
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Hospital-based swing bed within this institution	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)
63	Long term care hospital	63	Long term care hospital (beginning in 2001 data)
64	Nursing facility certified under Medicaid, but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or	65	Discharged/transferred to a psychiatric hospital or

	psychiatric distinct unit of a hospital		psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (beginning in 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92			

Kansas			
Valid through 2002			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Routine	1	Routine
31	Transfer: other hospital	2	Short-term hospital
32	Transfer: skilled nursing facility	3	Skilled nursing facility
33	Transfer: intermediate care facility	4	Intermediate care facility
34	Transfer: Rehabilitation center	5	Another type of facility
35	Transfer: Psychiatric facility		
37	Transfer: Custodial		
38	Transfer: Other		
36	Transfer: Organized home care	6	Home health care
2	Against medical	7	Against medical advice

	advice		
--		8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.
4	Expired (no autopsy)	20	Died in the hospital
5	Expired (autopsy)		
6	Coroner's case (no autopsy)		
7	Coroner's case (autopsy)		
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Another rehabilitation facility including rehabilitation distinct part units of a hospital.
--		63	Long-term care hospital (beginning in 2001).
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown (beginning in 2001).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Information on the disposition of the patient was provided in two fields: discharge status and transfer destination. If the discharge status indicated a transfer, then DISP_X is assigned using both the discharge status (value			

3) and the transfer destination (values 1-8) to create a two-digit value 31-38. For non-transfers, DISP_X contains one digit discharge status.

DISPUniform is coded directly from DISPUB92.

Kentucky

Kentucky			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Routine (home/self-care)	1	Routine
02	Short-term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of facility	5	Another type of facility
06	Home health care	6	Home health care
07	Against medical advice	7	Against medical advice
08	Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20, 21	Expired	20	Died in the hospital
40	Died at home	40	Died at home
41	Died in other medical facility	41	Died in other medical facility
42	Died, place unknown	42	Died, place unknown
43	Federal Hospital	43	Federal Hospital
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002 data)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Long term care hospital (beginning in 2002 data)	63	Long term care hospital (beginning in 2001 data).

64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
10, 11	No longer covered by Medicaid. Transferred to another category of service (beginning in 2001)	99	Discharged alive, destination unknown (beginning in 2001 data).
10, 11, Blank	No longer covered by Medicaid. Transferred to another category of service (prior to 2001), Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Maine

Maine			
(Valid beginning in 2000)			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility

06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
09	Admitted as an Inpatient to the Hospital (Medicare Claims)	9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
43	Federal Hospital (On IP layout)	43	Federal Hospital
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Discharged/Transferred/Referred within the same institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed, beginning in 2000
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Long term care hospital	63	Long term care hospital, beginning in 2001 data.
64	Medicaid only Nursing Home (On Ip layout)	64	Nursing facility certified under Medicaid but not certified under Medicare, beginning

			in 2002 data.
71	Discharged/Transferred/Referred to another institution for outpatient services	71	Another institution for outpatient services, beginning in 2000
72	Discharged/Transferred/Referred to same institution for outpatient services	72	This institution for outpatient services, beginning in 2000
--		99	Discharged alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Maine

Maine			
(Valid in 1999)			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home	1	Routine
7	Boarding home		
3	Another acute care hospital	2	Short-term hospital
4	Skilled Nursing Facility	3	Skilled Nursing Facility
5	Intermediate care facility	4	Intermediate care facility
6	Another health care facility	5	Another type of facility
8	Home health care agency	6	Home health care
2	Left against medical advice	7	Against medical advice
--		8	Home IV provider
9	Died	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility

Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Maryland

DISPUB92 is missing on all Maryland discharges. The data source does not provide sufficient detail to accurately assign the HCUP variable DISPUB92.

Massachusetts

Massachusetts			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home (routine)	1	Routine
14	Rest Home (Beginning in 1998)		
15	Shelter (Beginning in 1999)		
02	Another short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Further care - Inpatient or OPD	5	Another type of facility
10	Chronic hospital		
11	Mental health facility		
13	Rehab hospital		
14	Rest Home (Prior to 1998)		
06	Home under care of home health agency	6	Home health care

07	Left against medical advice	7	Against medical advice
08	Home for IV drug therapy	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		43	Federal health facility, beginning in 2003 data.
--		42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Long term care hospital swing bed, beginning in 2001 data.
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
--		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown, beginning in 2001 data.
12	Discharge Other	.	Missing
00, Blank	Missing		

09	Not used (Beginning in 1999)	.A	Invalid
Any values not documented by the data source			

Michigan

Michigan			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self care	1	Routine
02	Another short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health services	6	Home health care
07	Left against medical advice or discontinued care	7	Against medical advice
08	Home under care of home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
--		42	Died, place unknown
43	Federal health facility (beginning in 2003)	43	Federal health facility
50	To home to receive Hospice Services from a certified provider	50	Hospice - home
51	To a medical facility to receive Hospice Services	51	Hospice - medical facility
61	Within the institution to a	61	Within this institution to a

	hospital-based Medicare approved swing bed		hospital-based Medicare approved swing bed
62	To an inpatient rehab facility (IRF) including rehabilitation distinct parts unit of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	To a Medicare certified long term care hospital (LTCH)	63	Long term care hospital, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part of a hospital.	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	To another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services, beginning in 2000.
72	To this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services, beginning in 2000.
--		99	Discharge alive, destination unknown, beginning in 2001 data.
00, Blank	Missing, invalid or unrecorded	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Minnesota

Minnesota			
DISP_X		DISPUB92	
Value	**Description**	**Value**	**Description**
01	Home or self care	1	Routine
02	Another short-term	2	Short-term hospital

	hospital for inpatient care		
03	Skilled Nursing Facility (SNF)	3	Skilled nursing facility
04	Intermediate care facility (ICF)	4	Intermediate care facility
05	Another type of institution for inpatient care	5	Another type of facility
10	Mental Health Center		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice or discontinued care	7	Against medical service
08	Home under care of a Home IV provider	8	Home IV provider
09	Admitted to this hospital (valid in outpatient databases only)	9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (valid for hospice claims only)	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to hospital-based Medicare approved swing bed	61	Within this institution to hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)

63	Long term care hospital	63	Long term care hospital (beginning in 2001 data)
64	--	64	Nursing facility certified under Medicaid bu tnot certified under Medicare (beginning in 2002 data)
65	--	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services (beginning in 2000 data)
72	This institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services (beginning in 2000 data)
--	--	99	Discharged alive, destination unknown (beginning in 2001 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Missouri

Missouri			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home/self	1	Routine
02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home health care	6	Home health care
07	Against medical advice	7	Against medical advice
08	Home IV Service	8	Home IV provider

09	Admitted as an inpatient to this hospital (valid in SASD/SEDD databases only).	9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
43	To a federal health care facility (beginning in 2003 data)	43	Federal health facility
50	Hospice - Home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000).	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000).
62	Another rehabilitation facility (beginning in 2002 data)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Long term care hospital (beginning in 2002 data)	63	Long term care hospital (beginning in 2001 data).
64	Nursing facility Medicaid certified only (beginning in 2002 data)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services (beginning in 2000 data).	71	Another institution for outpatient services (beginning in 2000 data).

72	This institution for outpatient services (beginning in 2000 data).	72	This institution for outpatient services (beginning in 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
99, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Nebraska

Nebraska			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Routine or self care (routine discharge)	1	Routine
02	Another short-term general hospital for inpatient care	2	Short-term hospital
03	Skilled nursing facility (SNF) with Medicare certification	3	Skilled nursing facility
04	Intermediate care facility (ICF)	4	Intermediate care facility
05	Another type of institution for inpatient care	5	Another type of facility
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice or discontinued care	7	Against medical advice
08	Home under care of a Home IV provider	8	Home IV provider
09	Admitted to this hospital (valid in outpatient databases only)	9	Admitted as an inpatient to this hospital. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility

42	Expired, place unknown	42	Died, place unknown
43	Federal Hospital	43	Federal Hospital
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	50	Hospice - medical facility
61	Within this institution to hospital-based Medicare approved swing bed	61	Within this institution to hospital-based Medicare approved swing bed
62	Inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital	62	Inpatient rehabilitation facility including rehabilitation distinct part units of a hospital
63	Medicare certified long term	63	Long term care hospital
64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services
72	To this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services
--	--	99	Discharged alive, destination unknown
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

New Hampshire

New Hampshire			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**

5	Home, self care	1	Routine
1	Other short term hospital	2	Short-term hospital
2	Skilled nursing facility	3	Skilled nursing facility
3	Intermediate care facility	4	Intermediate care facility
4	Structured/assisted living		
11	Transfer to Substance abuse facility	5	Another Type of Institution
12	Transfer to Subs. abuse in acute facility		
13	Transfer to psychiatric facility		
14	Transfer to Psych. in acute facility		
6	Home health service	6	Home health care
7	Against medical advice	7	Against medical advice
16	Patient left before treatment		
--		8	Home IV provider
17	Inpatient in Same Facility (SASD/SEDD only)	9	Admitted as an inpatient to this hospital. Valid only on outpatient data
8	Died	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
		43	Federal health facility
		50	Hospice - home
		51	Hospice - medical facility
		61	Within this institution to a hospital-based Medicare approved swing bed
9	Transfer to Rehabilitation facility	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital
10	Transfer to Rehab. in acute facility		

--		63	Long term care hospital
--		64	Nursing facility certified under Medicaid but not certified under Medicare
--		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
--		71	Another institution for outpatient services
--		72	This institution for outpatient services
15	Redirected to appropriate provider	99	Discharged alive, destination unknown
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded from DISPUB92.			

New Jersey

New Jersey			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized HHA	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home with IV therapy	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired, no autopsy	20	Died in the hospital
21	Expired, with autopsy		

--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
43	Federal Hospital (beginning in 2003 data)	43	Federal Hospital
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Long term care hospital	63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Nevada

Nevada			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Routine - discharge to home or self care	1	Routine
02	Discharged/transferred to another short term general hospital	2	Short-term hospital
03	Discharged/transferred to a skilled nursing facility (SNF)	3	Skilled nursing facility
04	Discharged/transferred to an intermediate care facility (ICF)	4	Intermediate care facility
05	Discharged/transferred to another type of institution	5	Another type of facility
06	Discharged/transferred to a home under care of Organized Home Health Service Organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged/transferred to a home under care of a home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired place unknown	42	Died, place unknown
43	Transferred to a Federal or VA hospital	43	Federal health facility (beginning in 2003 data)
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF). (Effective retroactice to 1/1/02)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)

63	Discharged/transferred to Medicare certified long term care hospital (LTCH). (Effective 5/9/02)	63	Long term care hospital (beginning in 2001 data).
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare (Effective 10/1/22)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services
99	Unknown	99	Discharged alive, destination unknown *beginning in 2001 data).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

New York

New York			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
90	Plan of care completed (Ambulatory Surgery data only)		
91	Pre-admission (Ambulatory Surgery data only)		
02	Another acute general hospital	2	Short-term hospital
09	Admitted as an inpatient to this hospital (Ambulatory surgery data only prior to 2001).		

10	Neonate discharged another hospital for neonatal aftercare for weight gain (Inpatient data only)		
13	Another hospital for tertiary aftercare (Inpatient data only)		
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
12	Intermediate care facility for the mentally retarded		
05	Another type of institution	5	Another type of facility
11	Short-term psychiatric, chronic hospital or long-term specialty hospital providing for psychiatric illnesses		
14	Domiciliary Care Facility (Inpatient data only)		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV provider (Inpatient data only)	8	Home IV provider
09	Admitted as an inpatient to this hospital (ambulatory surgery data only beginning in 2001).	9	Admitted as an inpatient to this hospital (beginning in 2001data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
43	Federal Health Care Facility	43	Federal health facility (beginning in 2003 data)
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Transfer within institution to a Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Discharged/transferred to another type of institution for inpatient	62	Another rehabilitation facility including

	care or referred for rehabilitation services		rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Discharged/transferred to another type of institution or referred for Long Term Care Services	63	Long term care hospital (beginning in 2001 data)
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services (added for 2000 data)
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services (added for 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

North Carolina

North Carolina			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self-care (Routine)	1	Routine
2	Another short term general hospital	2	Short-term hospital
3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility

5	Another type of institution	5	Another type of facility
6	Home under care of home health care organization	6	Home health care
7	Left against medical advice	7	Against medical advice
8	Home under care of Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Died at home	40	Died at home
41	Died in other medical facility	41	Died in other medical facility
42	Died, place unknown	42	Died, place unknown
43	Transferred to a federal hospital	43	Federal Health Facility
50	Hospice â“ home	50	Hospice â“ home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Inpatient rehab facility	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)
63	Certified long term care hospital	63	Long term care hospital (beginning in 2001 data)
64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2004 data)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services

	(discontinued 4/1/03)		(beginning in 2000 data)
72	This institution for outpatient services (discontinued 4/1/03)	72	This institution for outpatient services (beginning in 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
9, 10, 50, 51, Blank	Documented by source as unknown values	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Ohio

Due to an error during HCUP data processing, DISP_X and DISPUB92 were incorrectly read from the source data. This problem occurred on 2,275 of 1,562,085 (0.1%) of the records in the 2003 SID and 1,998 out of 1,567,153 of the records (0.1%) in the 2002 SID. This problem was fixed in the 2004 data.

Ohio			
DISP_X		**DISPUB92**	
Value	Description	Value	Description
01	Alive to home	1	Routine
02	Short Term Care	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate care	4	Intermediate care facility
05	Another institution	5	Another type of facility
10	Medicaid Discharge to Psychiatric		
06	Home health	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Left under Home IV	8	Home IV provider
--		9	Admitted as an inpatient to this hospital.
20	Died	20	Died in the hospital
40	Medicare Hospice Expired at Home	40	Died at home

41	Medicare Hospice Expired at Medical Facility	41	Died in other medical facility
42	Medicare Hospice Claims Only Place Unknown	42	Died, place unknown
43	Federal Hospital	43	Federal Hospital (beginning in 2003 data)
50	Hospice - Home	50	Hospice - home
51	Medical Facility	51	Hospice - medical facility
61	Within hospital based approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed.
62	Another rehab facility	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital.
63	Long term care hospital	63	Long term care hospital.
--		64	Nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services
--		99	Discharge alive, destination unknown
00, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Oregon

Oregon			
DISP_X		**DISPUB92**	
Value	Description	Value	Description
01	Routine discharge (to home	1	Routine

	of self care)		
10	Discharged - no longer covered by Medicaid		
02	Another short term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
11	Transferred to another category of service		
06	Home health care service	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged home under care of a Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
21	Expired - not covered by Medicaid	--	
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
43	Federal Hospital	43	Federal Hospital
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed, beginning in 2000
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital.	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Long term care hospital	63	Long term care hospital, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in

			2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services, added for 2000.
--		99	Discharge alive, destination unknown, beginning in 2001 data.
00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Pennsylvania

Pennsylvania			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine discharge)	1	Routine
02	Short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital

--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Discharged to home with hospice care	50	Hospice - home
51	Discharged to a hospice facility	51	Hospice - medical facility
61	Within the institution to a hospital - based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Long term care hospital	63	Long term care hospital swing bed (beginning in 2001 data).
64	Nursing facility certified under Medicaid but not certified under Medicare.	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Rhode Island

Rhode Island			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care	1	Routine
09	Partial Hospitalization		

	(beginning 2003)		
02	Another short-term general hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	ICF	4	Intermediate care facility
05	Another institution	5	Another type of facility
06	Home health service	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital. Valid only on outpatient data.
20	Expired	20	Died in the hospital
21	Autopsied		
22	Expired in operating room		
23	Expired post-op		
24	Coroner's Case		
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed
--		62	Another rehabilitation facility including rehabilitation distinct part units of a hospital.
--		63	Long term care hospital.
--		64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
--		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
--		71	Another institution for outpatient

			services
--		72	This institution for outpatient services
--		99	Discharged alive, destination unknown.
00, Blank	Error, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

South Carolina

South Carolina			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1, 01	Home or self care (routine)	1	Routine
2, 02	Another short term general hospital	2	Short-term hospital
3, 03	Skilled nursing facility	3	Skilled nursing facility
4, 04	Intermediate care facility	4	Intermediate care facility
5, 05	Another type of institution	5	Another type of facility
6, 06	Home under care of home health service organization	6	Home health care
7, 07	Left against medical advice	7	Against medical advice
8, 08	Home under care of Home IV Provider	8	Home IV provider
9, 09	Beginning with 2001 - Admitted as an inpatient to this hospital. (Invalid for the SID, valid for the SASD and SEDD)	9	Admitted as an inpatient to this hospital (beginning with 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown

43	Federal Hospital	43	Federal health facility (beginning in 2003 data)
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility including rehabilitation including distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)
63	Long term care hospital	63	Long term care hospital (beginning in 2001 data)
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
99	Discharged alive, destination unknown	99	Discharged alive, destination unknown (beginning in 2001 data)
0, 00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Dakota

South Dakota			
(Beginning in 2004)			
DISP_X		DISPUB92	
Value	**Description**	**Value**	**Description**
1	Discharged to home or self care (routine discharge)	1	Routine

2	Discharged/transferred to short term general hospital for inpatient care	2	Short-term hospital
3	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification	3	Skilled nursing facility
4	Discharged/transferred to an intermediate care facility (ICF)	4	Intermediate care facility
5	Discharged/transferred to a non-Medicare PPS childrenâ ™s hospital or non-Medicare PPS cancer hospital for inpatient care	5	Another type of facility
6	Discharged/transferred to home under care of organized home health service organization	6	Home health care
7	Left against medical advice or discontinued care	7	Against medical advice
8	Discharged/transferred to home under care of a Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died inother medical facility
--		42	Died, place unknown
43	Discharged/transferred to a federal health care facility	43	Federal health facility (beginning in 2003 data)
50	Hospiceâ ”home	50	Hospice - home
51	Hospiceâ ”medical facility	51	Hospice - medical facility
61	Discharged/transferred within this institution to hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Discharged/transferred to an inpatient rehabilitation facility including rehabilitation distinct	62	Another rehabilitation facility including rehabilitation distinct part units of a

	part of a hospital		hospital (beginning in 2001 data)
63	Discharged/transferred to a Medicare certified long-term hospital	63	Long term care hospital (beginning in 2001 data)
64	Discharged/transferred to a nursing facility certified under Medicaid but not Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
--		71	Another institution for outpatient services (beginning in 2000 data)
--		72	This institution for outpatient services (beginning in 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded from DISPUB92.			

South Dakota			
(Valid through 2003)			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self care	1	Routine
3	Other acute hospital	2	Short-term hospital
4	SNF	3	Skilled nursing facility
5	ICF	4	Intermediate care facility
6	Another type of institution	5	Another type of facility
--			

--			
--			
2	Home health service	6	Home health care
7	Against Medical Advice	7	Against medical advice
--		8	Home IV provider
--		9	Admitted as an inpatient to this hospital.
8	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died inother medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed.
--		62	Another rehabilitation facility including rehabilitation distinct part units of a hospital.
--		63	Long term care hospital
--		64	Nursing facility certified under Medicaid but not certified under Medicare.
--		71	Another institution for outpatient services
--		72	This institution for outpatient services
--		99	Discharged alive, destination unknown
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded from DISPUB92.			

Tennessee

Tennessee			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine

02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
10	Discharged/transferred to a mental health center		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV Provider	8	Home IV provider
09	Admitted to this hospital (valid in outpatient databases only). This recode began in data year 2001.	9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Died at home (beginning in 2000)	40	Died at home
41	Died in other medical facility (Beginning in 2000)	41	Died in other medical facility
42	Died, place unknown (Beginning in 2000)	42	Died, place unknown
43	Federal hospital	43	Federal hospital
50	Hospice - home (Beginning in 2000)	50	Hospice - home
51	Hospice - medical facility (Beginning in 2000)	51	Hospice - medical facility
61	Hospital-based swing bed within this institution	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Long-term care hospital	63	Long-term care hospital (beginning in 2001 data).
64	Nursing facility certified	64	Nursing facility certified under

	under Medicaid but not certified under Medicare		Medicaid but not certified under Medicare (beginning in 2002 data).
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Texas

Texas			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or Self-care (routine discharge)	1	Routine
02	Short-term general hospital	2	Short-term hospital
66	Critical Access Hospital (Beginning in 2004)		
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Other inpatient care facility	5	Another type of facility
06	Home health service	6	Home health care
07	Against medical advice	7	Against medical advice

08	Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in other medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
43	Federal Health Care Facility (Beginning in 2004)	43	Federal health facility (beginning in 2003 data)
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Inpatient rehabilitation facility (Beginning in 2004)	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data)
63	Medicare-certified long term care hospital (Beginning in 2004)	63	Long term care hospital (beginning in 2001 data)
64	Medicaid-certified nursing facility (in effect October 1, 2002)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric hospital or psychiatric distinct part of a hospital (Beginning in 2004)	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
--		99	Discharged alive, destination

			unknown (beginning in 2001 data)
Blank	Missing	.	Missing
" * " or any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Utah

Utah			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Discharge to home or self care (routine)	1	Routine
02	Another short term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged to home under care of a home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
43	Federal Facility	43	Federal Health Facility

50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within institution to hospital-based medicare swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added in 2000)
62	Another rehab facility including distinct part units in hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	A long term care hospital	63	Discharge, transferred to a long term care hospital swing bed (beginning in 2001 data).
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002).
65	Psychiatric facility	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient (as per plan of care)	71	Another institution for outpatient services (beginning in 2000)
72	To this institution for outpatient services (as per plan of care)	72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
09, 00, Blank	Unknown, Missing	.	Missing
Any other values		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Virginia

Virginia			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care	1	Routine

02	Another hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Against medical advice	7	Against medical advice
08	Home under IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
43	Federal Hospital	43	Federal Hospital
--		42	Died, place unknown
50	Hospice - home (beginning in 2002)	50	Hospice - home
51	Hospice - medical facility (beginning in 2002)	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2002)	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002)	62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
63	Long term care hospital (beginning in 2002)	63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2004 data)	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of

	of a hospital		a hospital (beginning in 2004 data)
71	Another institution for outpatient services (beginning in 2002)	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services (beginning in 2002)	72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Vermont

Vermont			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1, 01	Discharged to home or self care (routine charge)	1	Routine
2, 02	Discharged/transferred to another short term general hospital	2	Short-term hospital
3, 03	Discharged/transferred to skilled nursing facility	3	Skilled nursing facility
4, 04	Discharged/transferred to intermediate care facility	4	Intermediate care facility
5, 05	Discharged/transferred to another facility	5	Another type of facility
6, 06	Discharged/transferred to home under home health service organization	6	Home health care
7, 07	Left against medical advice or discontinued care	7	Against medical advice
8, 08	Discharged/transferred to home under care of Home IV provider	8	Home IV provider
9, 09	Admitted as an inpatient	9	Admitted as an inpatient to

(Outpatient only)	to this hospital		this hospital (beginning in 2001). Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
41	Hospice patient expired in a medical facility such as a hospital, SNF, ICF, or freestanding hospice	41	Died in other medical facility
--		42	Died, place unknown
43	Discharged or transferred to a Federal Hospital	43	Federal Hospital
50	Hospice - Home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000).
62	Another rehabilitation facility including rehabilitation	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001).
63	Long term care hospital (beginning in 2001data)	63	Long term care hospital (beginning in 2001)
64	Discharged/transferred to a nursing facility certified under Medicaid but not Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
--	--	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Discharged/transferred to another institution for outpatient services	71	Another institution for outpatient services (added for 2000)
72	Discharged/transferred to this institution for outpatient services	72	This institution for outpatient services (added for 2000)
--		99	Discharged alive,

			destination unknown (beginning in 2001).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Washington

Washington			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine discharge)	1	Routine
02	Short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
43	Federal health facility (beginning in 2003 data)	43	Federal health facility (beginning in 2003 data)
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility	62	Another rehabilitation facility

	including rehabilitation distinct part units of a hospital		including rehabilitation distinct part units of a hospital (beginning in 2001).
63	Long term care hospital	63	Long term care hospital (beginning in 2001).
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
--		71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown (beginning in 2001).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

West Virginia

West Virginia			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home/Self-Care/Routine	1	Routine
02	Sort Term Hospital	2	Short-term hospital
03	Skilled Nursing Facility	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this

			hospital (beginning in 2001 data). Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
43	Federal Hospital	43	Federal Hospital
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
62	Another rehabilitation facility including rehabilitation distinct part units of a hospital	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Long term care hospital	63	Long term care hospital, beginning in 2001 data.
64	Nursing facility certified under Medicaid but not certified under Medicare	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000)
--		99	Discharged alive, destination unknown (beginning in 2001 data).
Blank	Missing	.	Missing

Any values not documented by the data source	.A	Invalid
DISPUniform is coded directly from DISPUB92.		

Wisconsin

Wisconsin			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care	1	Routine
02	Short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of facility	5	Another type of facility
06	Home health care	6	Home health care
07	Against medical advice	7	Against medical advice
08	Home intravenous provider	8	Home IV provider
		9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.
20	Died	20	Died in the hospital
40	Expired at home; use only on Medicare and CHAMPUS claims for hospice care	40	Died at home
41	Expired in a medical facility; use only on Medicare and CHAMPUS claims for hospice care	41	Died in other medical facility
42	Expired â“ place unknown; use only on Medicare and CHAMPUS claims for hospice care	42	Died, place unknown
43	Federal Hospital	43	Federal Health Facility
50	Hospice - Home	50	Hospice - Home

51	Hospice - Medical facility	51	Hospice - Medical facility
61	Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000).
62	Another rehab facility	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001).
63	Long-term care facility	63	Long term care hospital swing bed (beginning in 2001).
64	Medicaid approved nursing facility	64	Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data)
65	Psychiatric hospital or psychiatric distinct part unit of a hospital	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (beginning in 2004 data)
71	Other institution for outpatient services	71	Another institution for outpatient services (beginning in 2000).
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000).
		99	Discharged alive, destination unknown (beginning in 2001).
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

DISPUniform - Disposition of patient, uniform coding

General Notes

DISPUniform indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). To ensure uniformity of coding across data sources, DISPUniform combines detailed categories in the more general groups. For example,

- Transfers to facilities other than short-term hospitals (skilled nursing facilities, intermediate care facilities, and other type of facilities) are coded as DISPUniform = 5.
- Transfers to Home Health Care (including IV providers and Hospice home care) are coded as DISPUniform = 6.

DISPUB92 has more detailed categories for transfers and Home Health Care and distinguishes patients that died in the hospital from those that died outside of the hospital. The following table lists how the values of DISPUB92 map to the values of DISPUniform:

Coding of DISPUB92 into DISPUniform			
DISPUB92		**DISPUniform**	
Value	**Description**	**Value**	**Description**
1	Routine	1	Routine
71	Another institution for outpatient services. *Value was added beginning in the 2000 HCUP data.*		
72	This institution for outpatient services. *Value was added beginning in the 2000 HCUP data.*		
2	Short-term Hospital	2	Transfer to Short-term Hospital
9	Admitted as an inpatient to this hospital. Valid only on outpatient data. *Value was added beginning in the 2001 HCUP data.*		
43	Federal health facility		
3	Skilled Nursing Facility (SNF)	5	Transfer Other: Includes

4	Intermediate Care Facility (ICF)		Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Another Type of Facility
5	Another Type of Facility		
51	Hospice - Medical Facility		
61	Within this institution to a hospital-based Medicare approved swing bed. *Value was added beginning in the 2000 HCUP data.*		
62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital. *Value was added beginning in 2001 HCUP data.*		
63	Discharge, transferred to a long term care hospital swing bed. *Value was added beginning in the 2001 HCUP data.*		
64	Discharge, transferred to a nursing facility certified by Medicaid, but not certified by Medicare. *Value was added beginning in the 2002 HCUP data.*		
65	Discharge, transferred to a psychiatric hospital or psychiatric distinct unit of a hospital. *Value was added beginning in the 2004 HCUP data.*		
6	Home Health Care (HHC)	6	Home Health Care (HHC)
8	Home IV Provider		
50	Hospice-Home		
7	Against Medical Advice (AMA)	7	Against Medical Advice (AMA)
20	Died in Hospital	20	Died
40	Died at Home. *Prior to the 2001 data, value 40 "Died at Home" was mapped to missing (.).*	99	Discharge alive, destination unknown. *Value was added beginning in the 2001 data.*
41	Died in Medical Facility. *Prior to 2001 data, value 41 "Died in Medical Facility" was mapped to missing (.).*		

42	Died, place unknown. *Prior to the 2001 data, value 42 "Died, place unknown" was mapped to missing (.).*		
99	Discharged alive, destination unknown. *Value was added beginning in the 2001 data.*		
.	Missing	.	Missing
.A	Invalid	.A	Invalid

DISP_X retains the disposition of patient as provided by the data source.

DISP_X is not available on the HCUP Nationwide Inpatient Sample (NIS).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISPUniform	Disposition of patient, uniform coding	1	Routine
		2	Transfer to short-term hospital
		5	Transfer other: includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), and another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died in hospital
		99	Discharged alive, destination unknown, beginning in 2001
		.	Missing
		.A	Invalid

State Specific Notes

California

California			
DISP_X		**DISPUniform**	
Value	**Description**	**Value**	**Description**
01	Routine (Home)	1	Routine

09	Prison/Jail		
02	Acute care (within this hospital)	2	Transfer to short-term hospital
05	Acute care (another hospital)		
03	Other care (within this hospital)	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility
04	Skilled nursing/Intermediate care (within this hospital)		
06	Other care (another hospital)		
07	Skilled nursing/Intermediate care (another hospital)		
08	Residential care facility		
12	Home Health Services	6	Home health care
10	Against medical advice	7	Against medical advice
11	Died	20	Died in hospital
13	Other (beginning in 2001)	99	Discharged alive, destination unknown (beginning in 2001 data)
00, Blank	Missing	.	Missing (includes died outside of hospital)
Any values not documented by the data source		.A	Invalid
There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92.			
Beginning in 2001, the DISP_X value of "13" (Other) will be mapped to the HCUP DISPUniform value of "99" (Discharged alive, destination unknown). This change more accurately reflects the documentation provided by California as "Other" does not pertain to "Another Hospital". Prior to 2001, DISP_X value "13" was mapped to the DISPUniform value "5" (Transfer other).			

Maryland

Maryland			
DISP_X		**DISPUniform**	
Value	**Description**	**Value**	**Description**
01	Home or self-care	1	Routine
05	Acute care general	2	Transfer to short-term hospital

	hospital		
06	Other health care facility	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility
10	Rehabilitation facility		
11	Rehabilitation unit of other hospital		
12	On-site distinct rehabilitation unit		
13	Transfer to nursing facility		
14	On-site psychiatric unit (inpatient only)		
15	On-site sub-acute unit (inpatient only)		
16	Other sub-acute care facility (inpatient only)		
03	Home health care	6	Home health care
08	Left against medical advice	7	Against medical advice
07	Died	20	Died
--		99	Discharged alive, destination unknown, beginning in 2001
09, 99, Blank	Unknown	.	Missing (includes died outside of hospital)
02	Do not use	.A	Invalid
04	Do not use		
Any values not documented by the data source			
There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92.			

DQTR - Discharge quarter

General Notes

Discharge quarter (DQTR) is derived from either the month of the discharge date or the supplied discharge quarter. If both of those fields are invalid or missing, DQTR is set to zero. For these cases, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines because these algorithms require a valid discharge quarter.

For HCUP inpatient data only, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines when the discharge quarter was missing or invalid because these algorithms require a valid discharge quarter.

Uniform Values

Variable	Description	Value	Value Description
DQTR	Discharge quarter	1	First quarter (Jan - Mar)
		2	Second quarter (Apr - Jun)
		3	Third quarter (Jul - Sep)
		4	Fourth quarter (Oct - Dec)
		0	Missing or invalid

State Specific Notes

Florida

Beginning in 1997, Florida did not supply discharge date. DQTR was assigned from the discharge quarter provided by Florida.

DRG - DRG in use on discharge date

General Notes

The Diagnosis Related Group (DRG) appropriate for the date of discharge is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedures that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and
- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards

because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth DRG version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

The Need for a Valid Discharge Date

The DRG grouper needs a valid discharge date because DRG versions change at specific points in time. If the discharge date was invalid or not available from a data source, a temporary discharge date (for use only by the DRG grouper) was created based on the discharge quarter and year according to the following rules:

- Discharge year (YEAR) is always nonmissing.
- Discharge quarter (DQTR) ranges from zero to 4, where zero indicates that the quarter was missing or invalid.

Discharge Quarter (DQTR)	Temporary Date (MM/DD/YY) passed to DRG Grouper
1	01/01/YY
2	04/01/YY
3	07/01/YY
4	10/01/YY
0	07/01/YY

Labels

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DRG	DRG in use on discharge date	nnn	DRG value

State Specific Notes

California

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should have been 470; and the MDC should have been equal to 0.

No other years are affected.

Iowa

Beginning in data year 2001, the Iowa Hospital Association prohibits the release of two types of discharges:

- HIV Infections (defined by MDC of 25) and
- Behavioral Health including chemical dependency care or psychiatric care (defined by a service code of BHV).

These discharges were not included in the source file provided to HCUP and are therefore not included in the HCUP files.

Massachusetts

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected: 1 record in 1989 and 1 record in 1990.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 34 records;

- for 1989, 30 records;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG and MDC were processed correctly.

Washington

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991, 1 record; and
- for 1992, 1 record.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

DRG10 - DRG, Version 10

General Notes

The Diagnosis Related Group, Version 10 (DRG10) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. DRG10 is available on the HCUP databases from 1988 to 1999.

Diagnosis and Procedures Used for DRG Assignment

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedures that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

Logically Mapping ICD-9-CM Codes for DRG Version 10

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 1992, the period associated with DRG Version 10. The translated codes are then passed to the DRG Version 10 HCFA Grouper software. Caution: The 3M Mapper can translate only those codes with a discharge date occurring after September 30, 1988. Therefore, codes which changed definition on October 1, 1988 may not be properly handled.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and
- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

Labels

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DRG10	DRG, Version 10	nnn	DRG value

State Specific Notes

California

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

Massachusetts

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected: 1 record in 1989 and 1 record in 1990.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:

- for 1988, 34 records;
- for 1989, 30 records;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG10 and MDC10 were processed correctly.

Washington

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of a error in HCUP processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 184 records;
- for 1989, 68 records;

- for 1990, 13 records;
- for 1991, 1 record; and
- for 1992, 1 record.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:

- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

DRG18 - DRG, Version 18

General Notes

The Diagnosis Related Group, Version 18 (DRG18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. DRG18 is available on the HCUP databases beginning in 1998.

Diagnosis and Procedures Used for DRG Assignment

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

Logically Mapping ICD-9-CM Codes for DRG Version 18

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 2000, the period associated with DRG Version 18. The translated codes are then passed to the DRG Version 18 HCFA Grouper software.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and
- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

Labels

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

A format to label DRG18 is documented in HCUP Tools: Variable Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DRG18	DRG, Version 18	nnn	DRG value

State Specific Notes
None

DRGVER - DRG grouper version used on discharge date

General Notes

The DRG Grouper Version (DRGVER) is assigned by the HCFA DRG grouper during HCUP processing. For discharges occurring before October 1, 1991, DRGVER contains the DRG "revision" number. For discharges after that date, DRGVER contains the DRG "version" number (which is one value higher than the revision number). This coding scheme is consistent with the labeling of the DRG reference material, including the DRG coding books. Thus, on September 30, 1991 the DRGVER = 7; but on October 1, 1991 the DRGVER = 9.

Uniform Values

Variable	Description	Value	Value Description
DRGVER	DRG grouper version used on discharge date	4	4th revision, eff. Oct 1, 1987
		5	5th revision, eff. Oct 1, 1988
		6	6th revision, eff. Oct 1, 1989
		7	7th revision, eff. Oct 1, 1990
		9	Version 9, eff. Oct 1, 1991
		10	Version 10, eff. Oct 1, 1992
		11	Version 11, eff. Oct 1, 1993
		12	Version 12, eff. Oct 1, 1994
		13	Version 13, eff. Oct 1, 1995
		14	Version 14, eff. Oct 1, 1996
		15	Version 15, eff. Oct 1, 1997
		16	Version 16, eff. Oct 1, 1998
		17	Version 17, eff. Oct 1, 1999
		18	Version 18, eff. Oct 1, 2000
		19	Version 19, eff. Oct 1, 2001
		20	Version 20, eff. Oct 1, 2002
		21	Version 21, eff. Oct 1, 2003
		22	Version 22, eff. Oct 1, 2004

State Specific Notes

None

DSHOSPID - Data source hospital number

General Notes

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

DSHOSPID is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values

Variable	Description	Value	Value Description
DSHOSPID	Data source hospital number	13(a)	Data source hospital number

State Specific Notes

California

Prior to 1998, the variable DSHOSPID is length 9 with the first digit indicating the level of care, the next two digits for state "06", and then a 6-digit hospital identifier that included the county code.

Beginning in 1998, DSHOSPID is length 6 and only contains the unique hospital identifier. The level of care indicator is retained in the HCUP variable LEVELCARE.

Regardless of whether the information on the level of care is stored in the first digit of DSHOSPID or variable LEVELCARE, the values are defined as follows:

0=	Type of unit unknown (beginning in 1996)
1=	General acute care
2=	Not a valid code
3=	Skilled nursing and intermediate care (long term care)
4=	Psychiatric care
5=	Alcohol/chemical dependency recovery treatment
6=	Acute physical medicine rehabilitation care.

The reliability of this indicator for the type of care depends on how it was assigned.

Prior to 1995. The type of care was assigned by California based on the hospital's licensed units and the proportion of records in a batch of submitted records that fall into each Major Diagnostic Category (MDC). Hospitals were permitted to submit discharge records in one of two ways: submit separate batches of records for each type of care OR bundle records for all types of care into a single submission. How a hospital submitted its records to California determined the accuracy of the type of care indicated in the first digit of DSHOSPID. Consider a hospital which is licensed for more than one type of care:

- If the hospital submitted one batch of records per type of care, then the distribution of each batch of discharges into MDCs would clearly indicate the type of care (acute, psychiatric, etc.). The data source could then accurately assign the first digit of DSHOSPID.
- If the same hospital submitted all of its records in one batch, then the distribution of discharges into MDCs would be a mixture of acute and other types of care. The first digit of DSHOSPID would be set to "general acute care" (value = 1) on all records and would not distinguish the types of care.

Prior to 1995, most hospitals submitted only one batch of records to California which meant that the type of care indicated in the first digit of DSHOSPID did not distinguish among types of care.

Beginning in 1995. Hospitals were required to assign type of care codes to individual records for certain discharges. These discharges included:

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and
- rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California continued to assign the type of care code to all discharges from the facility.

Oregon

Beginning with 1995 data, Oregon changed the format of the state-specific hospital identification numbers stored in DSHOSPID. The new format is incompatible with the format used in previous years.

Pennsylvania

The coding of DSHOSPID varies by data year.

- Prior to 1995, the hospital identifier supplied by Pennsylvania contained a three character prefix "PAF".
- From 1995-1997, this prefix was not included in the supplied data. For consistency with previous years of HCUP data, the prefix "PAF" was added to the beginning of the Pennsylvania hospital identifier (DSHOSPID) during HCUP processing.
- Beginning in 1998, the prefix "PAF" is not included in the DSHOSPID for Pennsylvania.

Washington

Included with the records of general acute care stays from community hospitals are records from alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units. Records for these different types of care can be identified by the fourth digit of the supplied hospital identifier (DSHOSPID) on each patient record:

None	General acute care
A=	Alcohol Dependency Unit
B=	Bone Marrow Transplant Unit
E=	Extended Care Unit
H=	Tacoma General/Group Health Combined
I=	Group Health only at Tacoma Hospital
P=	Psychiatric Unit
R=	Rehabilitation Unit
S=	Swing Bed Unit

Washington assigns this value to DSHOSPID based upon the type of unit discharging the patient.

DSNDX - Maximum number of diagnoses provided by source

General Notes

DSNDX contains the maximum number of diagnosis codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

A maximum of 15 diagnosis fields are retained in the Nationwide Inpatient Sample. For data sources that provide more than 15 diagnosis fields, the value for this variable will be greater than 15. This data element was discontinued in 1998.

Uniform Values

Variable	Description	Value	Value Description
DSNDX	Maximum number of diagnoses provided by source	0 - 30	Total diagnoses possible

State Specific Notes

None

DSNPR - Maximum number of procedures provided by source

General Notes

DSNPR contains the maximum number of procedure codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

A maximum of 15 procedure fields are retained in the Nationwide Inpatient Sample. For data sources that provide more than 15 procedure fields, the value for this variable will be greater than 15. This data element was discontinued in 1998.

Uniform Values

Variable	Description	Value	Value Description
DSNPR	Maximum number of procedures provided by source	0 - 30	Total procedures possible

State Specific Notes

None

DSNUM - Date source identification number

General Notes

The data source number (DSNUM) is assigned in the order in which the different data sources are processed. Therefore, the first data source processed has DSNUM = 1; the second data source has DSNUM = 2, and so forth. This data element was discontinued in 1998.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNUM	Date source identification number	nn	Data source number

State Specific Notes

None

DSTYPE - Data source type

General Notes

DSTYPE is a categorical data element that identifies whether the discharge comes from a state data organization, a hospital association, or a private data organization (e.g., consortia). This data element was discontinued in 1998.

Uniform Values

Variable	Description	Value	Value Description
DSTYPE	Data source type	1	State data organization
		2	Hospital association
		3	Consortia
		4	Other

State Specific Notes

None

DXn - Diagnosis

General Notes

In the HCUP inpatient databases, the first listed diagnosis (DX1) is the principal diagnosis. In the HCUP outpatient databases, the first listed diagnosis (DX1) may not be the principal diagnosis; it may just be the first listed diagnosis on the record.

The original value of the first listed diagnosis (DX1), whether blank or coded, is retained in the first position of the diagnosis vector. Starting at the first secondary diagnosis (DX2), the diagnoses are shifted during HCUP processing to eliminate blank secondary diagnoses. For example, if DX2 and DX4 contain nonmissing diagnoses and DX3 is blank, then the value of DX4 is shifted into DX3. Secondary diagnoses are never shifted into the first listed position (DX1).

Prior to 2003, E-codes are included in the diagnosis array (DXn). Beginning in 2003, any separately reported E-codes and any E-codes encountered in the diagnosis array are placed in a separate array specific to E codes (ECODEn).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). In the data prior to 1998, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a year window (six months before and six months after) is allowed. For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP validation procedures, "V300 " is classified as valid for discharges on December 31, 1989, and "V3000" is classified as valid for discharges on July 1, 1989. If the diagnosis is not left justified, contains intermittent blanks, or is zero filled, then the diagnosis will be invalid.

Diagnoses are compared to the sex of the patient (EDX03 beginning in the 1998 data and ED1nn prior to 1998) and the patient's age (EAGE04 and EAGE05 beginning in the 1998 data and ED3nn and ED4nn prior to 1998) for checking the internal consistency of the record.

How invalid and inconsistent codes are handled varies by data year.

- Beginning in the 1998 data, invalid and inconsistent diagnoses are masked directly. Validity flags are not included on the HCUP record. Clinical Classifications Software (CCS) data elements are coded with respect to the diagnosis.

	Invalid Diagnosis	Inconsistent Code
The value of DXn	"invl"	"incn"
DXCCSn	Set to invalid (.A).	Set to inconsistent (.C)

- Prior to 1998 data, invalid and inconsistent diagnoses are retained on the record. Validity flags (DXVn) indicate invalid, inconsistent diagnosis codes. Clinical Classifications Software (CCS) data elements use the former name (DCCHPRn). The CCS was formerly known as the Clinical Classifications for Health Policy Research (CCHPR). The diagnosis related data elements are coded as follows:

	Invalid Diagnosis	Inconsistent Code
The value of DXn	Unchanged	Unchanged
DXVn	Set to 1	Set to inconsistent (.C)
DCCHPRn	Set to invalid (.A).	Retained (values 1-260)

The validity flags (DXVn) need to be used in connection with any analysis of the diagnoses (DXn).

The maximum number of diagnoses reported varies by state. HCUP retains all diagnosis fields provided by the data source.

Number of Diagnoses Provided by the Data Source							
State	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**
Arkansas	n/a	n/a	n/a	n/a	n/a	n/a	9
Arizona	11	11	11	11	11	9	9
California	30	30	30	30	30	25	25
Colorado	15	15	15	15	15	15	15
Connecticut	30	30	30	30	30	30	30
Florida	10	10	10	10	10	10	10
Georgia	10	10	10	10	10	10	10
Hawaii	11	11	11	11	11	15	20
Illinois	9	9	9	9	9	9	9
Indiana	n/a	n/a	n/a	n/a	n/a	15	15
Iowa	11	11	11	11	11	9	9
Kansas	30	30	30	30	30	30	30
Kentucky	n/a	n/a	10	10	11	9	9
Maine	n/a	10	10	10	10	10	
Maryland	16	16	16	16	16	15	15

Massachusetts	10	16	16	16	16	15	15
Michigan	n/a	30	30	30	30	30	30
Minnesota	n/a	n/a	n/a	10	10	9	9
Missouri	30	30	30	30	30	30	30
Nebraska	n/a	n/a	n/a	10	10	9	9
Nevada	n/a	n/a	n/a	n/a	15	14	14
New Hampshire	n/a	n/a	n/a	n/a	n/a	10	10
New Jersey	10	10	10	10	10	9	9
New York	17	17	17	17	17	15	15
North Carolina	n/a	n/a	15	17	18	18	18
Ohio	n/a	n/a	n/a	n/a	15	15	15
Oregon	11	11	11	11	11	9	9
Pennsylvania	10	10	10	10	10	9	
Rhode Island	n/a	n/a	n/a	12	12	11	11
South Carolina	10	10	10	12	12	10	10
South Dakota	n/a	n/a	n/a	n/a	11	9	9
Tennessee	10	10	10	10	10	9	9
Texas	n/a	n/a	10	10	10	9	25
Utah	10	10	10	10	10	9	9
Vermont	n/a	n/a	n/a	21	21	20	20
Virginia	n/a	10	10	10	10	9	9
Washington	10	10	10	10	11	9	9
West Virginia	n/a	n/a	10	10	10	9	9
Wisconsin	10	10	10	10	10	9	9

Since on the NIS the number of diagnoses coded on the discharge (NDX) can be greater than the number of diagnoses available on the inpatient record, caution needs to be taken when using NDX to loop through the diagnoses. A counter for the loop should not extend past 15. Programming code such as the following example SAS statement is needed to take this into account:

DO I = 1 to MIN(15,NDX);Followed by code to process all diagnoses.END;

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXn	Diagnosis	annnn	Diagnosis code
		Blank	Missing
		invl	Invalid: beginning with 1998 data, EDX02
		incn	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

State Specific Notes

Arizona

Beginning with 1995 discharges, Arizona reports two "cause of injury" E-codes in separate variables. During processing of the 1995 to 2002 data, these E-codes are placed after the last non-missing diagnosis code if they are not already recorded as a secondary diagnosis. Beginning in 2003, the two separately reported E-codes, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Arizona reports some diagnosis codes with an explicit decimal point. The decimal point was removed during HCUP processing.

California

HIV Test Result Diagnoses

California law prohibits the release of HIV test results in patient-identifiable form to any outside party without the patient's consent. Therefore, records that include certain ICD-9-CM codes that indicate HIV test results were not included in the data supplied for HCUP. California eliminated all occurrences of these codes from the diagnosis fields and packed the diagnosis vectors to cover gaps from such removals.

The following ICD-9-CM codes were affected:

- From January 1988 to October 1, 1994, diagnosis codes of 044.x or 795.8 were removed by the data source prior to submitting data to HCUP.
- Beginning October 1, 1994, diagnosis codes of 795.71 or V08 were removed by the data source prior to submitting data to HCUP. These ICD-9-CM codes replaced the earlier codes.

HIV-related diagnoses 042.x and 043.x were unaffected.

The number of such diagnoses eliminated from the principal diagnosis position will be smaller than it otherwise might have been due to a practice in California that actively discourages the reporting of codes for HIV test results (044.x, 795.8, 795.71, and V08) as a principal diagnosis. During data editing, California flags discharges reporting one of these codes in the principal diagnosis position and then calls the submitting hospital to ask if the principal diagnosis should be changed. Hospitals have the option of deleting the code, changing it, or leaving it in place.

Shriner's Hospitals

Shriner's hospitals do not report diagnoses, procedures or total charges.

Psychiatric Diagnoses

Prior to 1995, some hospitals reported psychiatric diagnoses in DSM III which California then converted into ICD-9-CM diagnosis codes. The ICD-9-CM diagnosis codes are included in the HCUP database.

From 1995-1998, some psychiatric hospitals began submitting data for primary diagnosis according to DSM IV criteria. DSM IV codes are indistinguishable in appearance from ICD-9-CM codes but have substantially different meanings. Because of similarities in the coding structure, the source was unable to convert the DSM IV codes to ICD-9-CM codes. DSM IV codes may occur in the HCUP data. Psychiatric hospitals may be included in the California data; no documentation was available on the use of DSM IV codes in psychiatric units of acute care hospitals.

Beginning in 1999, DSM psychiatric codes are not accepted by OSHPD and are not present in the HCUP databases.

E-Codes

Beginning with 1990 discharges, the source reports five "cause of injury" E-codes as separate variables. During processing of the 1990 to 2002 data, E-codes were placed after the last non-missing diagnosis code. Beginning in 2003, the two separately reported E-codes, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

California does not require the reporting of E-codes in the range E870-E879 (misadventures and abnormal reactions).

Hawaii

Hawaii reports one "cause of injury" E code as a separate data element. Prior to 2003, During HCUP processing, this E code was placed after the last non-missing diagnosis code during HCUP processing. Beginning with 2003 HCUP processing, this E code is placed at the beginning of the separate HCUP E-code array (ECODEn).

Illinois

Illinois supplied diagnosis codes in a field of length 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Iowa

Beginning in data year 2001, the Iowa Hospital Association prohibits the release of two types of discharges:

- HIV Infections (defined by MDC of 25) and
- Behavioral Health including chemical dependency care or psychiatric care (defined by a service code of BHV).

These discharges were not included in the source file provided to HCUP and are therefore not included in the HCUP files.

Beginning in 1994, Iowa reports one "cause of injury" E-code. Beginning in 1998, Iowa added one "place of injury" E-code. During processing of the 1994 to 2002 data, these separately reported E-code variables are placed at the end of the diagnosis vector; since the vector is packed during processing to remove blanks, the position of the E-code for a specific discharge depends on the number of diagnoses reported. Beginning in 2003, the two separately reported E-codes, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Kentucky

Prior to 2002, Kentucky reports one "cause of injury" E-codes as a separate variable. Beginning in June 2002, Kentucky reports two separate E-code fields. Prior to 2003, during HCUP processing, these separately reported E-codes were placed after the last non-missing secondary diagnosis. Beginning in 2003, the two separately reported E-codes, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Kentucky supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Maryland

Maryland reports one "cause of injury" E-code as a separate variable. Prior to 2003, during HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Maryland supplied diagnosis codes in a field of length 7. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

The last secondary diagnosis field on the source data was 9-filled instead of blank when no diagnosis was coded. During HCUP processing, the 9-filled diagnosis was set to blank.

Massachusetts

Beginning in 1993, Massachusetts reported one "cause of injury" E-code. Prior to 2003, during HCUP processing, the separately reported E-code was placed after the last non-missing secondary diagnosis. E-codes can appear in other secondary diagnosis codes. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Minnesota

Minnesota reports one "cause of injury" E-codes in a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-codes, and any E-code encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Nebraska

The Nebraska Hospital Association prohibits the release of discharge records for patients with HIV diagnoses. These discharges were not included in the source file provided to HCUP and are therefore not included in the HCUP files.

Nebraska reports one "cause of injury" E-code in a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code, and any E-code encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

New Hampshire

New Hampshire reports one "cause of injury" E-code as a separate variable. The separately reported E-code and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

New Jersey

Beginning with 1993 discharges, New Jersey reports one "cause of injury" E-codes as a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code,

and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Before 1994, the diagnosis codes provided by the state were right-padded with zeros (e.g., the diagnosis code '436' was supplied as '43600'). For the HCUP database the following algorithm was used to validate the diagnosis codes:

Check the five-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1. If the five-digit code is valid, set DXn to the five-digit code and set DXVn = 0.
2. If the five-digit code is invalid and the fifth digit is a zero, create a four-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the four-digit code is valid, set DXn to the four-digit code and set DXVn = 0.
3. If the four-digit code is invalid and the fourth digit is a zero, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set DXn to the three-digit code and set DXVn = 0.
4. If the five-, four- and three-digit codes are invalid, save the original five-digit code and set the validity flag to indicate an invalid code (DXVn = 1).

New Jersey

In 1993 only. An error in HCUP processing caused invalid five-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digits created a valid code, then

- DXn was set to the original invalid five digit code,
- DXVn was set 0 to indicate a valid code,
- DCCHPR was set based on the stripped valid code, and
- DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601 may have been incorrectly assigned based on the stripped valid code.

New York

Beginning in 1993, New York reports "cause of injury" and "place of injury" E-codes. Prior to 2003, during HCUP processing, these separately reported E-codes were placed after the last nonmissing secondary diagnosis. When a "cause of injury" E-code in the range of E850.0-E869.9 or E880.0-E928.9 was reported, then a "place of injury" E-code was also reported. If the hospital stay involved the possibility of classifying more than one situation or event, only the single cause of injury, poisoning, or adverse effect that was most severe was reported. Beginning in 2003, the separately reported E-codes,

and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

North Carolina

North Carolina supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

North Carolina supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Oregon

Prior to 1998, Oregon reports one "cause of injury" E-code as a separate variable. Between 1998 and 2002, Oregon reported two "cause of injury" E-codes. During HCUP processing, these separately reported E-codes are placed after the last non-missing secondary diagnosis.

Beginning in 2003, the two separately reported E-codes, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Oregon supplied diagnosis codes in a field of length 6. Only the first five characters contained the diagnosis code and were used to assign the HCUP diagnosis codes.

Pennsylvania

Beginning with 1993 discharges, Pennsylvania reports one "cause of injury" E-code as a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Some of the diagnosis codes in the 1989 Pennsylvania data that were flagged as invalid (DXV=1) appear to be valid codes. These diagnosis fields have four digits followed by a fifth digit that is an unprintable null character. The presence of the null character invalidates these otherwise valid diagnosis codes. Only the 1989 Pennsylvania data are affected. The following list includes all diagnosis codes in the 1989 Pennsylvania data that are valid ICD-9-CM codes but are flagged as invalid because they include null characters.

Code	Frequency	Diagnosis
1000	929	Leptospirosis Icterohemmorrhagica
2800	93	Chronic Blood Loss Anemia
5600	89	Intussusception
3200	81	Hemophilus Meningitis
5800	61	Acute Proliferative Nephritis
0600	48	Sylvatic Yellow Fever
6200	29	Follicular Cyst of Ovary
2400	24	Simple Goiter
1600	11	Malignant Neoplasm of Nasal Cavities
2100	8	Benign Neoplasm of Lip
3201	3	Pneumococcal Meningitis
3202	3	Streptococcal Meningitis
3208	2	Bacterial Meningitis
5400	2	Acute Appendicitis with Peritonitis
0601	1	Urban Yellow Fever
2801	1	Iron Deficiency Anemic Dietary
6205	1	Torsion of Ovary
6208	1	Noninflammatory Disorders of Ovary

Rhode Island

Rhode Island reports one "cause of injury" E-code in a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

South Carolina

Prior to 2000 data, a small number of discharges explicitly included decimals in the diagnosis field, usually the decimal is implicit. This is problematic because South Carolina supplied diagnoses in a field of length 5. If decimals were included, then a valid 5-digit code would be truncated. For example, the diagnosis for unspecified sickle cell anemia "28260" would be incorrectly reported as "262.6". Prior to 1998, invalid diagnosis codes are marked by a validity flag (DXVn = 1). Beginning in 1998, invalid diagnosis codes are masked (Dxn = "invl").

Beginning in 2000 data this was no longer a problem; explicit decimals were not included in the diagnosis codes.

South Carolina

E-codes
Prior to data year 2001, one cause of injury E-code and one place of injury E-code may be missing from South Carolina discharges even though E-codes are present in the secondary diagnosis fields. Separate E-code fields that are collected by the data organization in South Carolina were not obtained for HCUP. Beginning in 2001, these separate E-code fields were obtained by HCUP. Beginning in 2003, the separately reported E-codes, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

South Carolina does not require the reporting of E-codes in the range E870-E879 (misadventures and abnormal reactions).

South Dakota

South Dakota separately reports one "cause of injury" E-code and one "place of injury" E-code. Prior to 2003, during HCUP processing, these E-codes were placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Tennessee

Tennessee reports one "cause of injury" E-code as a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Texas

Texas reports one "cause of injury" E-code as a separate variable. Prior to 2003, during HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Texas supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Utah

Utah reports one "cause of injury" E-code as a separate variable. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code.

Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

Virginia

Virginia reports one "external injury code" E-code as a separate data element. Prior to 2003, during HCUP processing, this E-code was placed after the last non-missing diagnosis code. Beginning in 2003, the separately reported E-code, and any E-code encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Vermont

Vermont reports one "cause of injury" E-code as a separate variable. Prior to 2003, during HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis. Beginning in 2003, the separately reported E-code and any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

Vermont supplied diagnosis codes in a field of length 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Vermont

Due to an error in HCUP processing, the separate "cause of injury" E-code was not included in the 2001 Vermont HCUP databases. This affects the four Vermont hospitals in the 2001 NIS. The four Vermont hospitals have 15,379 discharges (0.2% of the 2001 NIS). We estimate that 21% of the Vermont discharges (approximately 3,200 discharges) are missing an E-code. Beginning in 2002, the separate "cause of injury" E-code is included in the HCUP databases.

Vermont

In 2001, expect secondary diagnosis DX16 - DX21 to be blank. No more than 15 diagnoses were provided by the data source.

It is possible that none of the discharges have all of the diagnosis fields coded. The Vermont inpatient and outpatient source files come to HCUP in the same layout. To simplify HCUP processing, the number of diagnosis fields on the Vermont HCUP SID and SASD is the same.

Washington

Washington reported diagnosis codes in a field of length 6 for 1988-1992 and, beginning in 1993, in a field of length 7. Only the first five characters contain the diagnosis code and were used to assign the HCUP diagnosis code.

In 1988, Washington did not report "cause of injury" E-codes. From 1989-1992, Washington reports two "cause of injury" E-codes. Beginning in 1993, Washington reports only one "cause of injury" E-code. Prior to 2003, during HCUP processing, any separately reported E-code was placed after the last non-missing secondary diagnosis. Washington does not require hospitals to report E-codes in the range E870-E879 (misadventures and abnormal reactions) to the state data organization. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

West Virginia

West Virginia reports one "cause of injury" E-codes as a separate variable. Prior to 2003, during HCUP processing, are placed in a separate array specific to E codes (ECODEn). Beginning in 2003, the separately reported E-codesand any E-codes encountered in the diagnosis variables are placed in a separate array specific to E codes (ECODEn).

West Virginia supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Wisconsin

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:

- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin reports one "cause of injury" E-code. Prior to 2003, during HCUP processing, this separately reported E-code was placed after the last non-missing secondary

diagnosis. Beginning in 2003, the separately reported E-code, and any E-codes encountered in the diagnosis variables, are placed in a separate array specific to E codes (ECODEn).

DXCCSn - Clinical Classifications Software (CCS): diagnosis classification

General Notes

Clinical Classifications Software (CCS) consists of over 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified.

DXCCSn is coded as follows:

- 1 to 259 if the diagnosis code (DXn) is valid by the HCUP criteria and not an E-code (External Causes of Injury and Poisoning). The HCUP criteria for diagnosis validation allows a year window (six months before and six months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- 2601-2621 if the diagnosis code (DXn) is a valid E-code by the HCUP criteria.
- DXCCSn is missing (.), if there is no diagnosis code (DXn = " ").
- DXCCSn is set to invalid (.A), if the diagnosis code (DXn) is invalid by the HCUP criteria (EDX02).
- DXCCSn is set to inconsistent (.C), if the diagnosis code (DXn) is inconsistent with age (EAGE04 and EAGE05) or sex of the patient (EDX03).

In HCUP databases before 1998, this data element is called DCCHPRn.

Labels

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXCCSn	Clinical Classifications Software (CCS): diagnosis classification	1-259	CCS Diagnosis Codes
		260	CCS E-code Class (1988-1997 data)
		2601-2621	CCS E-code Class (beginning with 1998 data)
		.	No diagnosis code
		.A	Invalid diagnosis code: beginning with 1998 data, EDX02
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

State Specific Notes

None

DXSYS - Diagnosis coding system

General Notes

DXSYS indicates the coding system for the diagnoses. For some sources, this information was available on the data record; for others, this information came from file documentation. This data element was discontinued in 1998.

Uniform Values

Variable	Description	Value	Value Description
DXSYS	Diagnosis coding system	1	ICD-9-CM
		.	Missing
		.A	Invalid

State Specific Notes

None

DXVn - Diagnosis validity flag: Diagnosis n

General Notes

DXVn are validity flags that identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis, i.e., DXV1 is the validity flag for DX1.

The following are acceptable values for DXVn:

0	indicates a valid and consistent diagnosis code.
1	indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.
.	indicates a missing (blank) diagnosis code.
.C	indicates that the code is inconsistent with the sex of the patient (ED1nn) or the patient's age (ED3nn or ED4nn).

This data element was discontinued in 1998. Information on the validity of a diagnosis code is retained within the data element DXn.

Uniform Values

Variable	Description	Value	Value Description
DXVn	Diagnosis validity flag: Diagnosis n	0	Valid code
		1	Invalid code
		.	No diagnosis code
		.C	Inconsistent: in 1988 to 1997, ED1nn, ED3nn, ED4nn

State Specific Notes

None

ECODEn - E code n

General Notes

Prior to 2003, external causes of injury codes "E codes" are included in the diagnosis array (DXn). Beginning in 2003, any separately reported E codes and any E codes encountered in the diagnosis array are placed in a separate array specific to E codes (ECODEn).

E codes reported on a discharge record are compared to a list of valid E codes for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). A year window (six months before and six months after) is allowed. Invalid E codes are masked directly and Clinical Classifications Software (CCS) data elements (E_CCSn) are set to invalid (.A).

The maximum number of E codes reported varies by state. HCUP retains all E codes provided by the data source in the State Inpatient Databases, but only the first four E codes are retained on the NIS.

External causes of injury codes maximum values by state.

State	2004
Arkansas	6
Arizona	5
California	5
Colorado	7
Connecticut	7
Florida	5
Georgia	6
Hawaii	6
Illinois	6
Indiana	6
Iowa	6
Kansas	7
Kentucky	5

Maine	n/a
Maryland	8
Massachusetts	7
Michigan	7
Minnesota	5
Missouri	11
Nebraska	6
Nevada	5
New Hampshire	5
New Jersey	6
New York	7
North Carolina	7
Ohio	7
Oregon	6
Pennsylvania	n/a
Rhode Island	n/a
South Carolina	7
South Dakota	5
Tennessee	5
Texas	8
Utah	7
Vermont	7
Virginia	4
Washington	6
West Virginia	4
Wisconsin	5

Uniform Values

Variable	Description	Value	Value Description
ECODEn	E code n	E code	annnn
		Blank	Missing
		Invl	Invalid E code

State Specific Notes

None

E_CCSn - Clinical Classifications Software (CCS): E code classification

General Notes

Clinical Classifications Software (CCS) consists of over 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes including external cause of injury codes "E codes" are classified.

Prior to 2003, external cause of injury codes "E codes" are included in the diagnosis array (DXn) with CCS values in the corresponding array DXCCSn. Beginning in 2003, any separately reported E codes and any E codes encountered in the diagnosis array are placed in a separate array specific to E codes (ECODEn). The corresponding array E_CCSn contains the CCS category.

In the CCS, E codes are classified into 20 categories (values 2601-2621). E_CCSn is missing (.), if there is no E code (ECODEn = " "). E_CCSn is set to invalid (.A), if the E code (ECODEn) is invalid by the HCUP criteria.

Labels

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
E_CCSn	Clinical Classifications Software (CCS): E code classification	2601-2621	CCS E-code Class (beginning with 1998 data)
		.	No diagnosis code
		.A	Invalid diagnosis code: beginning with 1998 data, EDX02
		.C	Inconsistent: beginning with 1998 data EDX03

State Specific Notes

None

ELECTIVE - Elective versus non-elective admission

General Notes

ELECTIVE indicates whether the admission to the hospital was elective. This information was derived from the type of admission (ATYPE). If the admission type indicated an elective admission (ATYPE = 3), then ELECTIVE was set to 1. If the admission type was missing or invalid, then ELECTIVE is also missing or invalid.

Uniform Values

Variable	Description	Value	Value Description
ELECTIVE	Elective versus non-elective admission	0	Non-elective admission
		1	Elective admission
		.	Missing
		.A	Invalid

State Specific Notes

California

ELECTIVE could not be derived from the admission type because that information was not provided by the data source. In California, ELECTIVE was assigned based on a data element that distinguished whether an admission was scheduled or unscheduled. If the admission was scheduled, then ELECTIVE was set to 1.

FEMALE - Indicator of sex

General Notes

The sex of the patient (FEMALE) is provided by the data source. All non-male, non-female (e.g., "other") values are set to missing (.).

If FEMALE is inconsistent with diagnoses (EDX03) or procedures (EPR03), FEMALE is set to inconsistent (.C).

In HCUP databases before 1998, this data element is called SEX.

Uniform Values

Variable	Description	Value	Value Description
FEMALE	Indicator of sex	0	Male
		1	Female
		.	Missing
		.A	Invalid
		.C	Inconsistent, EDX03, EPR03

State Specific Notes

Colorado

According to the documentation available from the source, "Other/Unknown" includes patients undergoing sex changes, undetermined sex, live births with congenital abnormalities, and patients whose sex was unavailable from any source document. The source value for "Other/Unknown" was recoded to missing (.), during HCUP processing of 1988-1992 discharges.

Beginning in 1993, "Other/Unknown" was recoded to invalid (.A) during HCUP processing.

Utah

The source value "E" for "Encrypted patient gender (confidential data)" is recoded to missing (FEMALE = .).

Utah encrypts the patient gender for the following two conditions:

1. Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25) and
2. Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

HOSPID - HCUP hospital identification number

General Notes

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The HCUP hospital identifier (HOSPID) is based on the AHA hospital identifier and is defined as:

- SSnnn, where SS = State FIPS Code, and
- nnn = hospital number unique to state.

HOSPID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

The data element HOSPID is available in the Hospital file.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HOSPID	HCUP hospital identification number	5(n)	HCUP hospital identification number
		Blank	Missing

State Specific Notes

None

HOSPST - Hospital State postal code

General Notes

HOSPST indicates the hospital's two-character state postal code (e.g., "CA" for California).

Uniform Values

Variable	Description	Value	Value Description
HOSPST	Hospital State postal code	aa	Hospital State postal code

State Specific Notes

None

HOSPSTCO - Hospital modified FIPS state/county code

General Notes

HOSPSTCO indicates the five-digit state and county *modified* FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. Each hospital has only one unique state/county code. If multiple hospital units are in different counties, HOSPSTCO is the county code of the primary facility (as indicated by American Hospital Association Annual Survey information).

HOSPSTCO can be used to link HCUP data to any other data set that uses the *modified* FIPS county code. The *modified* FIPS county code uses one county code for these independent cities and the surrounding county. For example, Baltimore City is included in Baltimore County; St. Louis City is included in St. Louis County; the independent cities of Virginia are included in the contiguous counties; and Kalawao county, Hawaii, is included in Maui County. The four Alaska Judicial Divisions are used as counties.

HOSPSTCO differs from the HCUP data element HFIPSSTCO. HOSPSTCO contains the *modified* FIPS county code. HFIPSSTCO contains the *unmodified* FIPS county code. The *unmodified* FIP county code will include unique values for independent cities, such as Baltimore City and St. Louis City.

HOSPSTCO is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values

Variable	Description	Value	Value Description
HOSPSTCO	Hospital modified FIPS state/county code	5(n)	Hospital modified FIPS State/County code
		Blank	Missing

State Specific Notes

None

KEY - Unique record identifier

General Notes

KEY contains a unique record identifier. Beginning in the 1998 data, all HCUP databases are sorted by KEY.

KEY can be used to link within a HCUP database, such as linking records in the Core and Charges files in the SID.

KEY can be used to link across HCUP databases within a data type, i.e., link records in the SID to records in the NIS.

KEY is a unique record identifier and not a person identifier. KEY cannot be used to link records between HCUP inpatient and ambulatory surgery files.

KEY replaces the database-specific record identifiers used in the 1988-1997 HCUP databases (SEQ, SEQ_SID, and SEQ_ASD).

Uniform Values

Variable	Description	Value	Value Description
KEY	Unique record identifier	14(n)	Unique record identifier

State Specific Notes

None

LOS - Length of stay, cleaned

General Notes

Length of stay (LOS) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained.

LOS is not equal to the calculated value in the following cases:

- LOS is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS is invalid (.A) if
    - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
    - - or -
    - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS is not present on the HCUP files. In the 1988-1997 data, LOS is retained on the HCUP files and is set to unavailable from source (.B).
- LOS is inconsistent (.C) if
    - LOS is negative (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data),
    - Excessively long (ELOS04 beginning in the 1998 data and ED601 in the 1988-1997 data), or
    - Charges per day are unjustifiably low (ED911) or high (ED921).

Edit checks ED911 and ED921 are only performed on the 1988-1997 data. No charge per day edit checks are performed on the HCUP data beginning in the 1998 data.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LOS	Length of stay, cleaned	0 - 365 (for HCUP inpatient data), 0-3 (for HCUP outpatient data)	Days (In the 1988-1997 inpatient data, LOS can be greater than 365 days)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03, ELOS04; in 1988-1997 data, ED011, ED601, ED911n, ED921

State Specific Notes

Arizona

Beginning in 1995, the source reports same-day stays as zero days so the supplied length of stay was used to assign LOS when length of stay could not be calculated from dates. Prior to 1995, the reported length of stay was not used when LOS could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS.

Arkansas

Only the calculated length of stay could be used to assign LOS because Arkansas did not supply reported length of stay.

Colorado

The reported length of stay was not used when LOS could not be calculated because Colorado:

- coded same-day stays with the value 1 and
- subtracted days of absence

Connecticut

Length of stay could not be calculated from dates since Connecticut did not report full admission and discharge dates. During HCUP processing, the reported length of stay and a flag which indicates same-day stays were used to assign LOS. If the same-day flag was not coded, the reported length of stay was retained as supplied (i.e., if the reported length of stay was 1 and the same-day flag is not coded, then LOS is set to 1 and not reset to 0).

Florida

Beginning in 2000, the supplied length of stay was used to assign LOS and LOS_X because Florida did not provide the admission and discharge date necessary for calculating length of stay. The supplied length of stay was coded according to the HCUP standard that assigns a length of stay of zero (0) to same day stays.

In 1997-1999, the coding of LOS and LOS_X is inconsistent with the coding of length of stay in other states. Florida provided the reported length of stay but not the admission and discharge date necessary for calculating LOS. Florida codes same-day stays as LOS=1; the HCUP standard coding of same-day stays is LOS=0. Usually 2% of a states' discharges are same-day stays.

Prior to 1997, the reported length of stay was not used when LOS could not be calculated because Florida:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Georgia

Beginning with the 2001 data, Georgia no longer codes same day stays with a value of 1. Reported length of stay is used when length of stay cannot be calculated.

Prior to 2001, the reported length of stay was not used when LOS could not be calculated because Georgia coded same-day stays with a value of 1.

Hawaii

Only the calculated length of stay could be used to assign LOS because Hawaii did not supply reported length of stay.

Illinois

The reported length of stay was not used when LOS could not be calculated because Illinois coded same-day stays with a value of 1.

Iowa

The reported length of stay was not used when LOS could not be calculated because Iowa coded same-day stays with a value of 1.

Indiana

Only the calculated length of stay could be used to assign LOS because Indiana codes same day stays with a value of 1.

Kansas

The reported length of stay was not used when LOS could not be calculated because Kansas coded same-day stays with a value of 1.

Kentucky

The reported length of stay was not used when LOS could not be calculated because Kentucky coded same-day stays with a value of 1.

Maine

The supplied length of stay was not used when length of stay could not be calculated because Maine coded same-day stays with a value of 1.

Massachusetts

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Michigan

Prior to 2001, LOS could not be calculated because Michigan did not report admission or discharge dates. Beginning with the 2001 data, Michigan provided complete dates and LOS could be calculated. In 2003, only the calculated length of stay could be used to assign LOS because Michigan codes same day stays with a value of 1.

Caution: Prior to 2001, if LOS = 365, then the stay may be longer than a year. Michigan uses the value 365 for stays that are greater than equal 364 days.

Minnesota

The reported length of stay was not used when LOS could not be calculated because Minnesota coded same-day stays with the value 1.

Missouri

The reported length of stay was not used when LOS could not be calculated because Missouri coded same-day stays with a value of 1. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

Nebraska

The reported length of stay was not used when LOS could not be calculated because Nebraska coded same-day stays with the value 1.

New Hampshire

Only the calculated length of stay could be used to assign LOS because New Hampshire codes same day stays with a value of 1.

Nevada

Only the calculated length of stay could be used to assign LOS because Nevada codes same day stays with a value of 1.

New York

The assignment of LOS and LOS_X varies by year in New York:

- Beginning in 2000 data, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the dates on AIDS/HIV* records, the calculated length of stay was missing. During HCUP processing, other information provided by New York was used to determine LOS and LOS_X when the calculated length of stay was missing. The length of stay provided by New York (which did not include leave days), total leave days, and a flag that indicates a same day stay were used to determine a length of stay that was consistent with the coding of length of stay on other HCUP records.

- In the 1998-1999 data purchased from NTIS, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges. An updated version of the 1998-1999 data is available through the HCUP Central Distributor with LOS and LOS_X coded on the New York AIDS/HIV* records. The updated

version has LOS and LOS_X calculated using the method described for the 2000 data.

In the 1998-1999 data purchased from HCUP Central Distributor, the length of stay (LOS and LOS_X) in New York was calculated using the method described for the 2000 data.

- In the 1988-1997 HCUP data, LOS and LOS_X could not be calculated from dates because New York did not report full admission and discharge dates. During HCUP processing, the length of stay provided by New York was used to assign LOS and LOS_X. The length of stay provided by New York was adjusted during HCUP processing to be consistent with the coding of length of stay in other states.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

North Carolina

The reported length of stay was not used when LOS could not be calculated because North Carolina coded same-day stays with the value 1.

Ohio

Only the calculated length of stay could be used to assign LOS because Ohio codes same day stays with a value of 1.

Oregon

Prior to 1994, the reported length of stay was assigned to LOS if dates were not available. However, the coding of same day stay varies: some Oregon hospitals report discharges on the day of admission as one day stay (LOS=1), in addition to reporting same day stay as zero days (LOS=0).

Beginning in 1994, the reported length of stay was not used when LOS could not be calculated from dates because Oregon coded all same-day stays as one day (LOS=1).

Pennsylvania

Prior to 1997, the reported length of stay was not used when LOS could not be calculated because Pennsylvania coded same-day stays with a value of 1 and subtracted days of absence from LOS. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

Beginning in 1997, Pennsylvania reports same-day stays as zero days. The supplied length of stay was used to assign LOS when length of stay could not be calculated from dates.

South Carolina

The reported length of stay was not used when LOS could not be calculated because South Carolina coded same-day stays with a value of 1.

South Dakota

Only the calculated length of stay could be used to assign LOS because South Dakota codes same day stays with a value of 1.

Tennessee

Only the calculated length of stay could be used to assign LOS because Tennessee did not report length of stay.

Texas

The reported length of stay was not used when LOS could not be calculated because Texas coded same-day stays with the value 1.

Utah

The reported length of stay was not used when LOS could not be calculated because Utah coded same-day stays with a value of 1.

Vermont

The reported length of stay was not used when LOS could not be calculated because Vermont coded same-day stays with the value 1.

Washington

The reported length of stay was not used when LOS could not be calculated because Washington:

- coded same-day stays with the value 1 and
- subtracted days of absence.

West Virginia

Beginning in 2001, West Virginia provides LOS.

Prior to 2001, only the calculated length of stay was used to assign LOS because West Virginia did not provide the reported length of stay.

Wisconsin

Only the calculated length of stay was used to assign LOS and LOS_X. For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin subtracted leave days and coded length of stay greater than 999 days as 999 days. Beginning with 1995, length of stay was not supplied.

LOS_X - Length of stay, uncleaned

General Notes

Length of stay (LOS_X) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained. LOS_X may contain negative or excessively large values.

LOS_X is not equal to the calculated value in the following cases:

- LOS_X is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS_X is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS_X is invalid (.A) if
    - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
    - - or -
    - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS_X is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS_X is not

present on the HCUP files. In the 1988-1997 data, LOS_X is retained on the HCUP files and is set to unavailable from source (.B).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LOS_X	Length of stay, uncleaned	+/- 7,305	Days (In the 1988-1997 inpatient data, LOS_X can be greater than 7,305 days)
		.	Missing
		.A	Invalid (nonnumeric or out of range)
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Beginning in 1995, the source reports same-day stays as zero days so the supplied length of stay was used to assign LOS_X when length of stay could not be calculated from dates. Prior to 1995, the reported length of stay was not used when LOS_X could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS.

Arkansas

Only the calculated length of stay could be used to assign LOS_X because Arkansas did not supply reported length of stay.

Colorado

The reported length of stay was not used when LOS_X could not be calculated because Colorado:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Connecticut

Length of stay could not be calculated from dates since Connecticut did not report full admission and discharge dates. During HCUP processing, the reported length of stay and a flag which indicates same-day stays were used to assign LOS_X. If the same-day flag was not coded, the reported length of stay was retained as supplied (i.e., if the

reported length of stay was 1, and the same-day flag is not coded, then LOS_X is set to 1 and not reset to 0).

Florida

Beginning in 2000, the supplied length of stay was used to assign LOS and LOS_X because Florida did not provide the admission and discharge date necessary for calculating length of stay. The supplied length of stay was coded according to the HCUP standard that assigns a length of stay of zero (0) to same day stays.

In 1997-1999, the coding of LOS and LOS_X is inconsistent with the coding of length of stay in other states. Florida provided the reported length of stay but not the admission and discharge date necessary for calculating LOS_X. Florida codes same-day stays as LOS_X=1; the HCUP standard coding of same-day stays is LOS_X=0. Usually 2% of a states' discharges are same-day stays.

Prior to 1997, the supplied length of stay was not used when length of stay could not be calculated because Florida:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Georgia

Beginning with the 2001 data, Georgia no longer codes same day stays with a value of 1. Reported length of stay is used when length of stay cannot be calculated.

Prior to 2001, the reported length of stay was not used when LOS_X could not be calculated because Georgia coded same-day stays with a value of 1.

Hawaii

Only the calculated length of stay could be used to assign LOS_X because Hawaii did not supply reported length of stay.

Illinois

The supplied length of stay was not used when length of stay could not be calculated because Illinois coded same-day stays with a value of 1.

Iowa

The reported length of stay was not used when length of stay could not be calculated because Iowa coded same-day stays with a value of 1.

Indiana

Only the calculated length of stay could be used to assign LOS_X because Indiana codes same day stays with a value of 1.

Kansas

The reported length of stay was not used when length of stay could not be calculated because Kansas coded same-day stays with a value of 1.

Kentucky

The reported length of stay was not used when LOS_X could not be calculated because Kentucky coded same-day stays with a value of 1.

Maine

The supplied length of stay was not used when length of stay could not be calculated because Maine coded same-day stays with a value of 1.

Massachusetts

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Michigan

Prior to 2001, LOS_X could not be calculated because Michigan did not report admission or discharge dates. Beginning with the 2001 data, Michigan provided complete dates and LOS could be calculated.

Caution: Prior to 2001, if LOS = 365, then the stay may be longer than a year. Michigan uses the value 365 for stays that are greater than equal 364 days.

Minnesota

The reported length of stay was not used when LOS_X could not be calculated because Minnesota coded same-day stays with the value 1.

Missouri

The reported length of stay was not used when LOS_X could not be calculated because Missouri coded same-day stays with a value of 1.

Nebraska

The reported length of stay was not used when LOS_X could not be calculated because Nebraska coded same-day stays with the value 1.

New Hampshire

Only the calculated length of stay could be used to assign LOS_X because New Hampshire codes same day stays with a value of 1.

Nevada

Only the calculated length of stay could be used to assign LOS_X because Nevada codes same day stays with a value of 1.

New York

The assignment of LOS and LOS_X varies by year in New York:

- Beginning in 2000 data, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the dates on AIDS/HIV* records, the calculated length of stay was missing. During HCUP processing, other information provided by New York was used to determine LOS and LOS_X when the calculated length of stay was missing. The length of stay provided by New York (which did not include leave days), total leave days, and a flag that indicates a same day stay were used to determine a length of stay that was consistent with the coding of length of stay on other HCUP records.

- In the 1998-1999 data purchased from NTIS, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges. An updated version of the 1998-1999 data is available through the HCUP Central Distributor with LOS and LOS_X coded on the New York AIDS/HIV* records. The updated version has LOS and LOS_X calculated using the method described for the 2000 data.

  In the 1998-1999 data purchased from HCUP Central Distributor, the length of stay (LOS and LOS_X) in New York was calculated using the method described for the 2000 data.

- In the 1988-1997 HCUP data, LOS and LOS_X could not be calculated from dates because New York did not report full admission and discharge dates. During HCUP processing, the length of stay provided by New York was used to assign LOS and LOS_X. The length of stay provided by New York was adjusted during HCUP processing to be consistent with the coding of length of stay in other states.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

North Carolina

The reported length of stay was not used when LOS_X could not be calculated because North Carolina coded same-day stays with the value 1.

Ohio

Only the calculated length of stay could be used to assign LOS_X because Ohio codes same day stays with a value of 1.

Oregon

Prior to 1994, the reported length of stay was assigned to LOS_X if dates were not available. However, the coding of same day stay varies: some Oregon hospitals report discharges on the day of admission as one day stay (LOS_X=1), in addition to reporting same day stays as zero days (LOS_X=0).

Beginning in 1994, the reported length of stay was not used when length of stay could not be calculated from dates because Oregon coded all same-day stays as one day (LOS_X=1).

Pennsylvania

Prior to 1997, the reported length of stay was not used when length of stay could not be calculated because Pennsylvania coded same-day stays with the value 1.

Beginning in 1997, Pennsylvania reports same-day stays as zero days. The supplied length of stay was used to assign LOS_X when length of stay could not be calculated from dates.

South Carolina

The reported length of stay was not used when LOS_X could not be calculated because South Carolina coded same-day stays with a value of 1.

South Dakota

Only the calculated length of stay could be used to assign LOS_X because South Dakota codes same day stays with a value of 1.

Tennessee

Only the calculated length of stay could be used to assign LOS_X because Tennessee did not report length of stay.

Texas

The reported length of stay was not used when LOS_X could not be calculated because Texas coded same-day stays with the value 1.

Utah

The reported length of stay was not used when LOS_X could not be calculated because Utah coded same-day stays with a value of 1.

Vermont

The reported length of stay was not used when LOS_X could not be calculated because Vermont coded same-day stays with the value 1.

Washington

The reported length of stay was not used when length of stay could not be calculated because Washington:

- coded same-day stays with the value 1 and
- subtracted days of absence.

West Virginia

Beginning in 2001, West Virginia provides LOS_X.

Prior to 2001, only the calculated length of stay was used to assign LOS_X because West Virginia did not provide the reported length of stay.

Wisconsin

Only the calculated length of stay was used to assign LOS and LOS_X. For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin subtracted leave days and coded length of stay greater than 999 days as 999 days. Beginning with 1995, length of stay was not supplied.

MDC - MDC in effect on discharge date

General Notes

The Major Diagnostic Category appropriate for the date of discharge (MDC) is assigned by the HCFA DRG grouper during HCUP processing. Refer to the notes for the data element DRG for complete details.

Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values

Variable	Description	Value	Value Description
MDC	MDC in effect on discharge date	nn	MDC value

State Specific Notes

California

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG and MDC assigned because of a error in HCUP processing. The DRG should have been 470; and the MDC should have been equal to 0.

No other years are affected.

Massachusetts

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following numbers of records are affected:

- 1 record in 1989 and
- 1 record in 1990.

No other years are affected.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following numbers of records are affected:

- for 1988, 34 records;
- for 1989, 30 records;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG and MDC were processed correctly.

Washington

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following numbers of records are affected:

- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991, 1 record; and
- for 1992, 1 record.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

MDC10 - MDC, Version 10

General Notes

The Major Diagnostic Category, Version 10 (MDC10) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. Refer to the notes for the data element DRG10 for complete details. MDC10 is available on the HCUP databases from 1988 to 1999.

Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values

Variable	Description	Value	Value Description
MDC10	MDC, Version 10	nn	MDC value

State Specific Notes

California

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of a error in HCUP processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

Massachusetts

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following numbers of records are affected:

- 1 record in 1989 and
- 1 record in 1990.

No other years are affected.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following numbers of records are affected:

- for 1988, 34 records;
- for 1989, 30 records;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG10 and MDC10 were processed correctly.

Washington

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following numbers of records are affected:

- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991, 1 record; and
- for 1992, 1 record.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following numbers of records are affected:

- for 1989, 23 records;
- for 1990, 4 records;

- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

MDC18 - MDC, Version 18

General Notes

The Major Diagnostic Category, Version 18 (MDC18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. Refer to the notes for the data element DRG18 for complete details. MDC18 is available on the HCUP databases beginning in 1998.

Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values

Variable	Description	Value	Value Description
MDC18	MDC, Version 18	nn	MDC value

State Specific Notes

None

MDID_S - Synthetic attending physician number

General Notes

For HCUP data from 2001 to 2002, this data element is called MDNUM1_S. Beginning in 2003, this data element is called MDNUM1_R.

MDID_S contains a fixed-key (one-to-one) encryption of the supplied attending physician number (MDID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.
- When the MDID in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDID_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDID_S refers to individual physicians or to groups. If the attending physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDID_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Beginning with the 1993 NIS, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP inpatient data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, no null characters were found in the 1994 identifiers, and they were rare in prior years.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDID_S	Synthetic attending physician number	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Arizona

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal attending physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one attending physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The attending physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified.

Colorado

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice.

Florida

Florida reports state license numbers for the attending physician identifiers. During HCUP processing, physician identifiers were encrypted (MDID_S).

Iowa

Iowa reports Universal Physician Identification Numbers (UPINs) as attending physician identification numbers.

Maine

Maine provides state-specific encrypted physician identifiers for attending physicians that allow for tracking physicians across hospitals.

Caution should be used when tracking physicians back to 1999. The encrypted values supplied by the source in the 1999 inpatient data contained slightly different coding than the values supplied in the 2000 inpatient data. During HCUP processing, physician identifiers were re-encrypted (MDID_S).

Maryland

Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI) for the attending physician. Source documentation describes strict assignment and verification rules for this field.

Michighan

Michigan reports hospital-specific physician identifiers for attending physicians. Coding of physician identifiers is not consistent across hospitals. During HCUP processing, physician identifiers were encrypted (MDID_S).

Missouri

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers as attending physician numbers (MDID_S). According to the source, the majority of physician identifiers are UPINs.

New Jersey

The coding of attending physician identification number (MDID_S) varies across years:

Year	Physician Identifier

1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

New York

New York reports state license numbers as physician identifiers. Source documentation indicates that if the attending physician did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

Source physician identifiers are encrypted during HCUP processing.

Beginning in the 1998 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

North Carolina

North Carolina provides the Universal Physician Identification Numbers (UPINs) for the attending physician. During HCUP processing, this identifier is encrypted.

Oregon

Beginning in the 1997 data files, Oregon supplied the attending physician number (MDID_S). This identifier may not accurately track physicians across hospitals. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice.

Pennsylvania

Pennsylvania reports the state license number for attending physicians (MDID_S).

South Carolina

South Carolina reports six-character state license numbers for attending physician identifiers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

Tennessee

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. Tennessee collects two different types of physician identifiers, depending on the type of identifier provided by the hospitals. Tennessee prefers Universal Physician Identification Numbers (UPINs) but also accepts state license numbers.

Texas

Texas provides the state license number of the attending physician. During HCUP processing, physician identifiers are re-encrypted (MDID_S).

Virginia

Virginia reports Universal Physician Identification Numbers (UPINs) for attending physicians. During HCUP processing, physician identifiers were encrypted (MDID_S).

West Virginia

The attending physician identifier (MDID_S) does not accurately track physicians across patients and hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers.

MDNUM1_R - Physician 1 number (re-identified)

General Notes

HCUP encrypted physician identifiers are referred to by different names in the HCUP data across years.

Year	Variable
1988-2000	MDID_S
2001-2002	MDNUM1_S
Beginning with 2003	MDNUM1_R

MDNUM1_R is specific to physicians. If the physician identifier is based on a state license number or Universal Physician Identification Number (UPIN), then MDNUM1_R can be used to track a physician across hospitals. If the physician identifier is based on hospital-specific identifiers, then it can only be used to track physicians within a hospital. Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier refers to individual physicians or to groups. Refer to state-specific notes for more information about the type of physician identifiers provided by each state.

Because of a change in the algorithm for creating a masked physician number, physicians cannot be tracked from before 2003 to after 2003. In HCUP data prior to 2003, a synthetic physician number (MDNUM1_S prior to 2003 and MDID_S prior to 2001), created using fixed-key encryption, was available. Starting in data year 2003, a reidentification number (MDNUM1_R) was used. MDNUM1_R includes an arbitrarily chosen, identifying number that is unique to the physician identifier provided to HCUP.

Uniform Values

Variable	Description	Value	Value Description
MDNUM1_R	Physician 1 number (re-identified)	9(n)	Physician identifier
		.	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the primary procedure is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified. The provided physician identifiers are encrypted during HCUP processing.

Arkansas

In Arkansas four types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R
2. Operating physician is provided in MDNUM2_R
3. 1st other physician is provided in MDNUM3_R
4. 2nd other physician is provided in MDNUM4_R.

Physician identification numbers may not accurately track physicians within and across hospitals. Arkansas provides a combination of Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the principal procedure is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Caution should be used when tracking physicians across 2003. The physician identifiers supplied by the data source do not conform to the documented pattern. Not all identifiers included a two-character prefix, and not all hade the same length.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R.
2. Physician that performed the principal procedure is provided in MDNUM2_R.
3. Admitting physician is provided in MDNUM3_R.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Maine

In Maine, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R.
2. Operating surgeon is provided in MDNUM2_R.

Maine provides state-specific encrypted physician identifier numbers that allow for tracking physicians within and across hospitals. The provided physician identifiers are encrypted again during HCUP processing.

Caution should be used when tracking physicians back to 1999 inpatient data. The encrypted values supplied by the data source in the 1999 inpatient data contained slightly different coding than the values supplied beginning in the 2000 inpatient and ambulatory surgery data.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by MedChi, The Maryland State Medical Society (formerly known as the Medical and Chirurgical Faculty of the State of Maryland). Source documentation describes strict assignment and verification rules for this field.

Beginning in 2003, Maryland encrypted their physician identifiers prior to submission to HCUP. Prior to 2003, the supplied physician identifiers were unencrypted.

Michigan

In Michigan, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Primary surgeon is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians across hospitals. Michigan reports hospital-specific physician identifiers. During HCUP processing, physician identifiers were encrypted.

Minnesota

In Minnesota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Other physician in MDNUM2_R, and
3. Second other physician in MDNUM3_R.

The physician identifiers may not accurately track physicians within and across hospitals. Minnesota provides a combination of Universal Physician Identification

Number (UPIN), state license numbers, and hospital-specific numbers. During HCUP processing, this number is encrypted.

Missouri

In Missouri, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Primary surgeon is provided in MDNUM2_R.

Physician identification number may not accurately track physicians within and across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers. According to the source, the majority of physician identifiers are UPINs. The provided physician identifiers are encrypted during HCUP processing.

Nebraska

In Nebraska, two physician identifiers are available:

1. Primary physician is provided in MDNUM1_R and
2. Secondary physician in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to code Universal Physician Numbers (UPINs) as an identifier, but some hospitals continue to use the Professional State License Number.

New Hampshire

In New Hampshire, four types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R
2. Operating physician number 1 is provided in MDNUM2_R
3. Operating physician number 2 is provided in MDNUM3_R
4. Operating physician number 3 is provided in MDNUM4_R

Physician identification numbers can be used to track physicians within and across hospitals. New Hampshire reports the Universal Physician Identification Number (UPIN). During HCUP processing, this number is re-identified to protect the confidentiality of the physician.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,

2. Surgeon is provided in MDNUM2_R

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

Nevada

In Nevada, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R, and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Nevada provides the physician's state license number. During HCUP processing, this number is encrypted.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

Beginning in the 1998 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Oregon

In Oregon, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification numbers may not accurately track physicians across hospitals. Beginning in the 1997 data files, Oregon supplied the physician identifier number. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice. During HCUP processing, the physician identifiers were encrypted.

Pennsylvania

In Pennsylvania, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Referring physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. Pennsylvania reports the state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Rhode Island

In Rhode Island, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Principal surgeon is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. Rhode Island provides blinded, hospital-specific numbers that cannot be linked to individual physicians. During HCUP processing, the provided physician identifiers are encrypted.

South Carolina

In South Carolina, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Carolina reports six-character state license numbers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

South Dakota

In South Dakota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R
2. Physician who performed the principal procedure is provided in MDNUM2_R
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Dakota provides the Universal Physician Identification Numbers (UPINs).

Tennessee

In Tennessee, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification number may not accurately track physicians within and across hospitals. Tennessee collects two different types of physician identifiers from hospitals: Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Texas

In Texas, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R (not available in 2001).

Physician identification numbers can be used to track physicians within and across hospitals. Texas provides the state license numbers. During HCUP processing, the provided physician identifiers are encrypted.

Virginia

In Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the first procedure is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, the reported physician identifiers are encrypted.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

West Virginia

In West Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians within and across hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.

- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

MDNUM2_R - Physician 2 number (re-identified)

General Notes

HCUP encrypted physician identifiers are referred to by different names in the HCUP data across years.

Year	Variable
1988-2000	MDID_S
2001-2002	MDNUM1_S
Beginning with 2003	MDNUM1_R

MDNUM2_R is specific to physicians. If the physician identifier is based on a state license number or Universal Physician Identification Number (UPIN), then MDNUM2_R can be used to track a physician across hospitals. If the physician identifier is based on hospital-specific identifiers, then it can only be used to track physicians within a hospital. Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier refers to individual physicians or to groups. Refer to state-specific notes for more information about the type of physician identifiers provided by each state.

Because of a change in the algorithm for creating a masked physician number, physicians cannot be tracked from before 2003 to after 2003. In HCUP data prior to 2003, a synthetic physician number (MDNUM2_S prior to 2003 and SURGID_S prior to 2001), created using fixed-key encryption, was available. Starting in data year 2003, a reidentification number (MDNUM2_R) was used. MDNUM2_R includes an arbitrarily chosen, identifying number that is unique to the physician identifier provided to HCUP.

Uniform Values

Variable	Description	Value	Value Description
MDNUM2_R	Physician 2 number (re-identified)	9(n)	Physician identifier
		.	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the primary procedure is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified. The provided physician identifiers are encrypted during HCUP processing.

Arkansas

In Arkansas four types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R
2. Operating physician is provided in MDNUM2_R
3. 1st other physician is provided in MDNUM3_R
4. 2nd other physician is provided in MDNUM4_R.

Physician identification numbers may not accurately track physicians within and across hospitals. Arkansas provides a combination of Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the principal procedure is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Caution should be used when tracking physicians across 2003. The physician identifiers supplied by the data source do not conform to the documented pattern. Not all identifiers included a two-character prefix, and not all hade the same length.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R.
2. Physician that performed the principal procedure is provided in MDNUM2_R.
3. Admitting physician is provided in MDNUM3_R.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Kentucky

In Kentucky three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Physician that performed the primary procedure is provided in MDNUM2_R,
3. 1st other physician is provided in MDNUM3_R, and

4. 2nd other physician is provided in MDNUM4_R.

Physician identification numbers may not accurately track physicians within and across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Maine

In Maine, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R.
2. Operating surgeon is provided in MDNUM2_R.

Maine provides state-specific encrypted physician identifier numbers that allow for tracking physicians within and across hospitals. The provided physician identifiers are encrypted again during HCUP processing.

Caution should be used when tracking physicians back to 1999 inpatient data. The encrypted values supplied by the data source in the 1999 inpatient data contained slightly different coding than the values supplied beginning in the 2000 inpatient and ambulatory surgery data.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM_R1 and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by MedChi, The Maryland State Medical Society (formerly known as the Medical and Chirurgical Faculty of the State of Maryland). Source documentation describes strict assignment and verification rules for this field.

Beginning in 2003, Maryland encrypted their physician identifiers prior to submission to HCUP. Prior to 2003, the supplied physician identifiers were unencrypted.

Michigan

In Michigan, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Primary surgeon is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians across hospitals. Michigan reports hospital-specific physician identifiers. During HCUP processing, physician identifiers were encrypted.

Minnesota

In Minnesota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Other physician in MDNUM2_R, and
3. Second other physician in MDNUM3_R.

The physician identifiers may not accurately track physicians within and across hospitals. Minnesota provides a combination of Universal Physician Identification Number (UPIN), state license numbers, and hospital-specific numbers. During HCUP processing, this number is encrypted.

Missouri

In Missouri, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Primary surgeon is provided in MDNUM2_R.

Physician identification number may not accurately track physicians within and across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers. According to the source, the majority of physician identifiers are UPINs. The provided physician identifiers are encrypted during HCUP processing.

Nebraska

In Nebraska, two physician identifiers are available:

1. Primary physician is provided in MDNUM1_R and
2. Secondary physician in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to code Universal Physician Numbers (UPINs) as an identifier, but some hospitals continue to use the Professional State License Number.

New Hampshire

In New Hampshire, four types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R

2. Operating physician number 1 is provided in MDNUM2_R
3. Operating physician number 2 is provided in MDNUM3_R
4. Operating physician number 3 is provided in MDNUM4_R

Physician identification numbers can be used to track physicians within and across hospitals. New Hampshire reports the Universal Physician Identification Number (UPIN). During HCUP processing, this number is re-identified to protect the confidentiality of the physician.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Surgeon is provided in MDNUM2_R

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

Nevada

In Nevada, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R, and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Nevada provides the physician's state license number. During HCUP processing, this number is encrypted.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

Beginning in the 1998 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Oregon

In Oregon, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification numbers may not accurately track physicians across hospitals. Beginning in the 1997 data files, Oregon supplied the physician identifier number. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice. During HCUP processing, the physician identifiers were encrypted.

Pennsylvania

In Pennsylvania, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and

3. Referring physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. Pennsylvania reports the state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Rhode Island

In Rhode Island, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Principal surgeon is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. Rhode Island provides blinded, hospital-specific numbers that cannot be linked to individual physicians. During HCUP processing, the provided physician identifiers are encrypted.

South Carolina

In South Carolina, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Carolina reports six-character state license numbers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

South Dakota

In South Dakota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R
2. Physician who performed the principal procedure is provided in MDNUM2_R
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Dakota provides the Universal Physician Identification Numbers (UPINs).

Tennessee

In Tennessee, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification number may not accurately track physicians within and across hospitals. Tennessee collects two different types of physician identifiers from hospitals: Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Texas

In Texas, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R (not available in 2001).

Physician identification numbers can be used to track physicians within and across hospitals. Texas provides the state license numbers. During HCUP processing, the provided physician identifiers are encrypted.

Virginia

In Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the first procedure is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, the reported physician identifiers are encrypted.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

West Virginia

In West Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians within and across hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

MDNUM1_S - Physician 1 number (synthetic)

General Notes

HCUP encrypted physician identifiers are referred to by different names in the HCUP data across years.

Year	Variable
1988-2000	MDID_S
2001-2002	MDNUM1_S
Beginning with 2003	MDNUM1_R

MDNUM1_S contains a fixed-key (one-to-one) encryption of the supplied physician 1 number (MDNUM1), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician 1 number and physician 2 number identifiers are the same, the synthetic identifiers, MDNUM1_S and MDNUM2_S, are the same.
- When the MDNUM1 in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDNUM1_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM1_S refers to individual physicians or to groups. If the physician 1 numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM1_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician 1 identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician 1 identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Beginning with the 1993 NIS, supplied physician 1 identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP inpatient data, the encrypted physician 1 identifiers from 1993 on may not match those

in earlier years. However, no null characters were found in the 1994 identifiers, and they were rare in prior years.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDNUM1_S	Physician 1 number (synthetic)	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the primary procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.
- Physician identifiers in July-December 2002 generally include a first-digit prefix of "1"; in other periods, the prefix is generally "0".

The physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified. The provided physician identifiers are encrypted during HCUP processing.

The physician identifiers provided by Arizona for the second half of 2002 were constructed differently than the first half of 2002 and following years (i.e., 2003 forward). Physicians cannot be accurately tracked across the second half of 2002.

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the principal procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S.
2. Physician that performed the principal procedure is provided in MDNUM2_S.
3. Admitting physician is provided in MDNUM3_S.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Maine

In Maine, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S.
2. Operating surgeon is provided in MDNUM2_S.

Maine provides state-specific encrypted physician identifier numbers that allow for tracking physicians within and across hospitals. The provided physician identifiers are encrypted again during HCUP processing.

Caution should be used when tracking physicians back to 1999 inpatient data. The encrypted values supplied by the data source in the 1999 inpatient data contained slightly different coding than the values supplied beginning in the 2000 inpatient and ambulatory surgery data.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by MedChi, The Maryland State Medical Society (formerly known as the Medical and Chirurgical Faculty of the State of Maryland). Source documentation describes strict assignment and verification rules for this field.

Beginning in 2003, Maryland encrypted their physician identifiers prior to submission to HCUP. Prior to 2003, the supplied physician identifiers were unencrypted.

Michigan

In Michigan, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Primary surgeon is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians across hospitals. Michigan reports hospital-specific physician identifiers. During HCUP processing, physician identifiers were encrypted.

Minnesota

In Minnesota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Other physician in MDNUM2_S, and
3. Second other physician in MDNUM3_S.

The physician identifiers may not accurately track physicians within and across hospitals. Minnesota provides a combination of Universal Physician Identification Number (UPIN), state license numbers, and hospital-specific numbers. During HCUP processing, this number is encrypted.

Missouri

In Missouri, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Primary surgeon is provided in MDNUM2_S.

Physician identification number may not accurately track physicians within and across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers. According to the source, the majority of physician identifiers are UPINs. The provided physician identifiers are encrypted during HCUP processing.

Nebraska

In Nebraska, two physician identifiers are available:

1. Primary physician is provided in MDNUM1_S and
2. Secondary physician in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to code Universal Physician Numbers (UPINs) as an identifier, but some hospitals continue to use the Professional State License Number.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Surgeon is provided in MDNUM2_S

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

Nevada

In Nevada, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S, and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Nevada provides the physician's state license number. During HCUP processing, this number is encrypted.

Prior to 2003, Nevada supplied a 6-digit physician state license number. These identification numbers contain a 2-digit specialty code that hospitals place in front of the 4-digit license number. Beginning with 2003, Nevada elected to request license numbers without the specialty codes. Nevada supplies the 4-digit state license number in a 6-digit field. Some 5- and 6-digit codes may occur in the data subsequent to the change in specifications.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

Beginning in the 1998 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Oregon

In Oregon, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. 1st other physician is provided in MDNUM2_S, and
3. 2nd other physician is provided in MDNUM3_S.

Physician identification numbers may not accurately track physicians across hospitals. Beginning in the 1997 data files, Oregon supplied the physician identifier number. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice. During HCUP processing, the physician identifiers were encrypted.

Pennsylvania

In Pennsylvania, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Referring physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. Pennsylvania reports the state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Rhode Island

In Rhode Island, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Principal surgeon is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. Rhode Island provides blinded, hospital-specific numbers that cannot be linked to individual physicians. During HCUP processing, the provided physician identifiers are encrypted.

South Carolina

In South Carolina, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and

2. Other physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. South Carolina reports six-character state license numbers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

South Dakota

In South Dakota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S
2. Physician who performed the principal procedure is provided in MDNUM2_S
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. South Dakota provides the Universal Physician Identification Numbers (UPINs).

Tennessee

In Tennessee, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. 1st other physician is provided in MDNUM2_S, and
3. 2nd other physician is provided in MDNUM3_S.

Physician identification number may not accurately track physicians within and across hospitals. Tennessee collects two different types of physician identifiers from hospitals: Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Texas

In Texas, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S (not available in 2001).

Physician identification numbers can be used to track physicians within and across hospitals. Texas provides the state license numbers. During HCUP processing, the provided physician identifiers are encrypted.

Virginia

In Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the first procedure is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, the reported physician identifiers are encrypted.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

West Virginia

In West Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

MDNUM2_S - Physician 2 number (synthetic)

General Notes

HCUP encrypted physician identifiers are referred to by different names in the HCUP data across years.

Year	Variable
1988-2000	MDID_S
2001-2002	MDNUM1_S
Beginning with 2003	MDNUM1_R

Prior to 2001, this data element is called SURGID_S.

MDNUM2_S contains a fixed-key (one-to-one) encryption of the supplied physician 2 number (MDNUM2), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician 1 number and physician 2 identifiers are the same, the synthetic identifiers, MDNUM1_S and MDNUM2_S, are the same.
- When the MDNUM1 in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDUNM2_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM2_S refers to individual physicians or to groups. If the physician 2 numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM2_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Beginning with 1993 NIS, supplied physician 2 identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the

identifier was encrypted. Since this conversion was not done in prior years of HCUP inpatient data, the encrypted physician 2 identifiers from 1993 on may not match those in earlier years. However, no null characters were found in the 1994 identifiers, and they were rare in prior years.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDNUM2_S	Physician 2 number (synthetic)	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the primary procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.
- Physician identifiers in July-December 2002 generally include a first-digit prefix of "1"; in other periods, the prefix is generally "0".

The physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified. The provided physician identifiers are encrypted during HCUP processing.

The physician identifiers provided by Arizona for the second half of 2002 were constructed differently than the first half of 2002 and following years (i.e., 2003 forward). Physicians cannot be accurately tracked across the second half of 2002.

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the principal procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S.
2. Physician that performed the principal procedure is provided in MDNUM2_S.
3. Admitting physician is provided in MDNUM3_S.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Kentucky

In Kentucky three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Physician that performed the primary procedure is provided in MDNUM2_S, and
3. 1st other physician is provided in MDNUM3_S.

Physician identification numbers may not accurately track physicians within and across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Maine

In Maine, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S.
2. Operating surgeon is provided in MDNUM2_S.

Maine provides state-specific encrypted physician identifier numbers that allow for tracking physicians within and across hospitals. The provided physician identifiers are encrypted again during HCUP processing.

Caution should be used when tracking physicians back to 1999 inpatient data. The encrypted values supplied by the data source in the 1999 inpatient data contained slightly different coding than the values supplied beginning in the 2000 inpatient and ambulatory surgery data.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by MedChi, The Maryland State Medical Society (formerly known as the Medical and Chirurgical Faculty of the State of Maryland). Source documentation describes strict assignment and verification rules for this field.

Beginning in 2003, Maryland encrypted their physician identifiers prior to submission to HCUP. Prior to 2003, the supplied physician identifiers were unencrypted.

Michigan

In Michigan, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and

2. Primary surgeon is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians across hospitals. Michigan reports hospital-specific physician identifiers. During HCUP processing, physician identifiers were encrypted.

Minnesota

In Minnesota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Other physician in MDNUM2_S, and
3. Second other physician in MDNUM3_S.

The physician identifiers may not accurately track physicians within and across hospitals. Minnesota provides a combination of Universal Physician Identification Number (UPIN), state license numbers, and hospital-specific numbers. During HCUP processing, this number is encrypted.

Missouri

In Missouri, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Primary surgeon is provided in MDNUM2_S.

Physician identification number may not accurately track physicians within and across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers. According to the source, the majority of physician identifiers are UPINs. The provided physician identifiers are encrypted during HCUP processing.

Nebraska

In Nebraska, two physician identifiers are available:

1. Primary physician is provided in MDNUM1_S and
2. Secondary physician in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to code Universal Physician Numbers (UPINs) as an identifier, but some hospitals continue to use the Professional State License Number.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Surgeon is provided in MDNUM2_S

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

Nevada

In Nevada, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S, and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Nevada provides the physician's state license number. During HCUP processing, this number is encrypted.

Prior to 2003, Nevada supplied a 6-digit physician state license number. These identification numbers contain a 2-digit specialty code that hospitals place in front of the 4-digit license number. Beginning with 2003, Nevada elected to request license numbers without the specialty codes. Nevada supplies the 4-digit state license number in a 6-digit field. Some 5- and 6-digit codes may occur in the data subsequent to the change in specifications.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

Beginning in the 1998 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Oregon

In Oregon, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. 1st other physician is provided in MDNUM2_S, and
3. 2nd other physician is provided in MDNUM3_S.

Physician identification numbers may not accurately track physicians across hospitals. Beginning in the 1997 data files, Oregon supplied the physician identifier number. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice. During HCUP processing, the physician identifiers were encrypted.

Pennsylvania

In Pennsylvania, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Referring physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. Pennsylvania reports the state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Rhode Island

In Rhode Island, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Principal surgeon is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. Rhode Island provides blinded, hospital-specific numbers that cannot be linked to individual physicians. During HCUP processing, the provided physician identifiers are encrypted.

South Carolina

In South Carolina, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. South Carolina reports six-character state license numbers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

South Dakota

In South Dakota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S
2. Physician who performed the principal procedure is provided in MDNUM2_S
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. South Dakota provides the Universal Physician Identification Numbers (UPINs).

Tennessee

In Tennessee, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. 1st other physician is provided in MDNUM2_S, and
3. 2nd other physician is provided in MDNUM3_S.

Physician identification number may not accurately track physicians within and across hospitals. Tennessee collects two different types of physician identifiers from hospitals: Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Texas

In Texas, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S (not available in 2001).

Physician identification numbers can be used to track physicians within and across hospitals. Texas provides the state license numbers. During HCUP processing, the provided physician identifiers are encrypted.

Virginia

In Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the first procedure is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, the reported physician identifiers are encrypted.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

West Virginia

In West Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers. The provided physician identifiers are encrypted during HCUP processing.